COUPLE PARTNERSHIP DYNAMICS AND RELATIONSHIP SATISFACTION IN SWAZILAND AND IMPLICATIONS FOR HIV PREVENTION

by

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A dissertation submitted to Johns Hopkins University in conformity with the requirements for the degree of Doctor of Philosophy.

Baltimore, Maryland

November 24, 2014

ABSTRACT

Background

The dynamics and quality of a person's sexual relationships are critical influencers of his or her mental, emotional, and physical health. Men and women in Swaziland who are engaged in multiple or concurrent sexual partnerships, or who have sexual partners with concurrent partners, face a very high risk of HIV infection. Relationship quality and satisfaction may impact sexual behaviors and partnership dynamics which in turn affect HIV risk.

Methods

We conducted 117 in-depth interviews with 14 Swazi men and 14 Swazi women between the ages of 20 and 39 (three to five interviews with each participant), in order to explore participants' sexual partnership histories, motivations in sexual partnerships, and relationship quality and satisfaction, using a life-course approach. Thirteen men and 20 women discussed the quality of sexual relationships in Swaziland in four single-gender focus group discussions. In addition, we conducted 31 in-depth interviews with 17 marriage counselors and 12 men and women who had been counseled by marriage counselors to address the goals and experience of marriage counseling, including themes of relationship satisfaction and quality.

Findings

Participants reported that concurrent sexual partnerships were normative and described them as being motivated by love, a lack of sexual satisfaction, a desire for emotional support, and as a means to exact revenge against a cheating partner.

Participants identified love, respect, honesty, trust, communication, sexual satisfaction, and sexual faithfulness as the most important characteristics of good couple relationships, while admitting threats to the quality of their relationships, particularly in the areas of trust, honesty, and sexual faithfulness. Most participants reported that they were satisfied with their relationships. A life-course perspective revealed how social learning and life experiences, beginning in childhood, have influenced participants' later sexual behaviors and health risks.

Conclusion

Participants' narratives disclosed significant sources and circumstances of risk, as well as positive social ideals which may provide opportunities for effective HIV prevention. Similarities between the aspects of good relationships described in this research and dimensions of relationship quality identified in other sociocultural contexts suggest that certain aspects of couple relationships may be shared across cultures.

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PREFACE

In October 2012, I moved to Mbabane, Swaziland with my husband and 8-month old son. Except for a two-month visit to the United States in mid-2014, we have lived here since. Swaziland is where my son and then my daughter (born during our time here) took their first steps, where we have made friends, where we have settled in and made a life. My experience of living here is deeply woven into the fabric of this dissertation: the conversations with my maid and with Swazi friends, the stories I read in the newspapers every day, the mountain of cultural information I have received from my Swazi research assistants, the hours I have spent in public places watching Swazis shop, chat, mind children, flirt, and otherwise interact. I will also say that after two years of living here I am more aware than ever of the things I don't know, including the siSwati language. Despite the time I have spent studying and seeking a deeper understanding of Swazi culture, I remain an outsider, and the complex cultural patterns I have attempted to parse throughout this research remain largely an enigma.

This research was a long time in coming. In fifteen years of coming and going to Africa, I have been perpetually fascinated by people's relationships and social lives, and by the similarities and differences I observe to my own life and culture. I spent my childhood living in Saudi Arabia, and so I have always been aware that there are very different ways for people to live life, fall in love, get married, and form families. I have had conversations with friends in many countries and over many years about love, sex, and marriage, and since I got married in 2007, I have been particularly interested in the marriages and relationships I observe. Being married is both the hardest and the most rewarding thing I have ever done, and from my observation much of what couples

struggle with in Kampala or Baltimore or (gulp) my own bedroom is the same. At the same time, so much is different. My interest in marriage and relationships has become personal and urgent in another way, as I've watched the relationships and marriages of many people close to me founder and fall apart, causing deep misery and heartache. I have a constant litany of questions in my mind about what makes relationships succeed or fail, and what might be done to spare people the agony of an unhappy, abusive, or failed relationship.

HIV prevention in Africa has been my career and research focus for over a decade. At the same time as I played armchair anthropologist to the question of cross-cultural differences in couple relationships (and pseudo-therapist to my own marriage and marriages of others close to me), my questions about HIV prevention kept getting bigger and thornier. Addressing multiple and concurrent partnerships as a means of HIV prevention in Africa's generalized epidemics had its moment, but no one ever really knew *how* to do this. The focus of HIV prevention has moved on to biomedical interventions such as treatment as prevention (TasP), which seem so simple and achievable, in theory. I predict that as we pour money into TasP and other biomedical interventions, we will increasingly discover that their success depends, as everything does, on the fundamental reality of human relationships, and particularly how men and women relate in their most intimate sexual relationships.

I came to Swaziland because I had burning questions: What was going on in couple relationships in the world's most severe HIV epidemic, how might the dynamics of these relationships be related to the dynamics of HIV's spread within the country, and what might be done to make those relationships better? In my mind this last question is

not just central to HIV prevention, but central to human well-being, flourishing, and happiness. It is my personal experience, but I believe also the crux of mountains of research, that when things are going badly with one's partner, everything is going badly. Conversely, when my marriage feels strong, happy, and secure, *I* am strong, happy, and secure. Everywhere in the world, there are plenty of people in miserable romantic relationships, to say nothing of situations of violence and abuse. The stakes are high: our health and happiness, our children's well-being, and our ability to be productive members of our societies and communities. The stakes are particularly high in the world's worst HIV epidemic, where the major determinant of risk is the state of one's sexual relationship(s).

I encounter the saga of sexual and romantic relationships everywhere I look in Swaziland. One Sunday morning, while daydreaming during a church service at the Anglican church we attend, I snap back to the sights and sounds around me to realize that a wedding is taking place. In the middle of this very ordinary church service, a middle-aged couple is standing at the altar and repeating the marriage rites I know so very well from my own Anglican wedding. It's all over within a few minutes, and there are no flowers or bridesmaids or special music. The bride and groom both wear dark, elegant, expensive-looking clothes that appear more appropriate to a boardroom than a wedding. I wonder, *What is happening here?* The answer, I came to learn, is that couples who have been married for some time through Swazi law and custom, or who have lived together for some time without marriage, sometimes decide that it is important to them to have a Christian wedding. And they might just choose to have that wedding in the middle of a church service, with a minimum of pomp and circumstance. It's not all that different from

how my plain Quaker ancestors would have held their plain Quaker wedding a hundred years ago, after a church service and in ordinary clothes.

The majority of Swazis still get married traditionally, through Swazi law and custom, rather than through civil or church rites. A friend shows me snapshots of his parent's wedding, and once again I am startled and culturally adrift. I've been to *Umhlanga* (the annual Reed Dance) and seen young Swazi women dancing in traditional dress with their stomachs and breasts exposed. But the bride dressed as an *imbali* (maiden) in the photos in front of me is a middle-aged mother of children, not a young girl. Once again, I find myself asking, *What is happening here?* Why would a woman marry the father of her children well into middle age? The answer, I came to learn, is that couples often only arrive at marriage after many years, many children together, and complex negotiations between families.

I am no longer surprised when I peruse the double-page wedding spreads that often appear in the newspaper and find that the bride looks to be in her 40s, and is surrounded by her co-wives and half-grown children. Nor am I surprised to see the much more frequent "white weddings" splashed across the society pages, replete with details about the bride's couture white gown and pictures of the bridesmaids and groomsmen in their matching tuxedos and satin dresses, striking silly poses. I could not have imagined before living here that marriage in Swaziland would be such a diverse institution.

During my time in Swaziland, I have realized that my "scripts" for sexual relationships and family life have changed drastically. My second month in the country, I went with my husband to visit a flat (apartment) that we would later lease and met the woman who would become my neighbor. She seemed to be upper-middle class, a

professional, and lived with her two children in an immaculately clean two-bedroom apartment. I assumed she also lived with a husband. The upper-middle class women I know in the United States, the ones with kids and professional jobs and who seem to have their lives together, mostly have husbands. The middle-aged women I have known in Africa, in the "high-marriage" belts of East and West Africa, mostly have husbands. But I was wrong about my neighbor. In the time we lived next door, I never saw any sign of a husband or male partner. After two years in Swaziland, my default is now to assume that an urban woman with kids and a job probably *doesn't* have a husband. Nor do I assume that a long-term couple, married or not, necessarily lives together—not necessarily as a result of any trouble in the relationship, but perhaps because they have jobs and employer-provided housing in different locations. There are quite simply a lot of "medium-distance" relationships in Swaziland.

My new default scripts in Swaziland are that a woman probably will have children from different men, probably will be cheated on at least once in her lifetime, and may never marry. I know women who break this mold, who from my perspective have happy, loving, and gender-equitable marriages, and I also know women who have never married or had children. But probably more common is the experience of a friend who tells me that her boyfriend and father of her child, who lives in South Africa and returns to Swaziland at month's end, has been cheating on her for years. She has realized that he is never going to marry her, and so has finally broken up with him. I feel simultaneously deeply sad and truly exasperated, because didn't she *know* it was happening? I'm an outsider and have never met the man, and even I was pretty sure what was happening. (The man's sisters, friends of my friend, did know, but apparently never thought it was

their place to tell her, either.) I talk to her about how often she gets HIV tests, and pray that she will find a good man to spend her life with, and that she will live a long, healthy life despite the many threats to her health.

I am sure that these cultural scripts that are constantly forming and re-forming in my brain influenced my interpretation of the data from my study's in-depth interviews and focus group discussions. I also know that the stories collected through my formal data collection procedures, particularly the life-course interviews with 14 men and 14 women, became the meta-scripts through which I began to view the rest of the data I absorbed on a daily basis in Swaziland. The Swazis I counted as close friends lived, as I did, in urban areas and were more similar to me than not in terms of education, social class, and sensibilities. With the life-course interview participants, I was viewing the lives of people quite different than I, on an intimate level, but through a one-way window. I knew quite a lot about their lives and secrets, without them in any way being able to turn their gaze back towards me. I've lost count of how many times I've cried while reading interview transcripts. I admire many of these people, I feel compassionate and protective towards many, and I feel empathy for all of them, even those who are doing things I deeply object to, such as cheating on their partners. In every story, I see elements of longings I relate to—for love, family, happiness.

I have experienced HIV as a constant, tragic reality while living in Swaziland. Perhaps Swazis have become accustomed to hearing about friends and acquaintances who are newly HIV-infected, or who are struggling with serious HIV-related health issues despite anti-retroviral therapy, but I have not. I have not become accustomed to opening the newspaper day after day to see a sea of obituaries, the faces young. (Of

course there are many causes of disease and death in Swaziland, and many who die in the prime of life die from things other than HIV.) One day I decide to crunch some numbers from the latest Demographic and Health Survey, and discover that over half the women my age (women 35-39) who live where I live (urban Hhohho District) are HIV-infected. I know that HIV is no longer a death sentence in Swaziland, and I know that drugs will keep many people alive. Yet I still find myself wondering, *How long?* Will they live to see their children grow up, to enjoy their old age?

The longer I live in Swaziland, the more I can't wrap my mind around the invisibility of HIV here. I do not know of a single well-known public figure who has publicly disclosed his or her HIV-positive status. From my perspective, the fact that more than one in four Swazi adults is HIV-infected is taken more as a normal state of affairs than as a call for urgent national action. One day a Swazi friend tells me, "It's not like it *was*, a few years ago, going to funerals every weekend." I can see her point. But yet… over half the women my age in Mbabane are infected with HIV. Somehow, the unthinkable has become normal.

If I have a hope for HIV in Swaziland, it is this: that the unthinkable can become normal, in positive ways as well as negative ways. Cultures change, people adapt, societies bounce back from disaster and find a better way forward. I *can* envision a future in which couple relationships in Swaziland and everywhere are happier, stronger, more gender-equitable, more committed, and less vulnerable to HIV infection than the couple relationships of today. This research is dedicated to that goal.

November 6, 2014

Mbabane, Swaziland

ACKNOWLEDGMENTS

In the long list of people I am indebted to for contributions to this research, the participants in this research must come first. They gave us their time and trusted us with their stories, and without their generosity and trust there would have not been a research project. *Siyabonga kakhulu.*

I am deeply grateful to the community of brilliant and compassionate scholars at Johns Hopkins Bloomberg School of Public Health who were a constant source of inspiration and learning throughout my time as a doctoral student. Thanks to Drs. Caitlin Kennedy, Deanna Kerrigan, Henry Mosley, Julie Denison, Katherine Clegg Smith, Larissa Jennings, Michele Hindin, and Peter Winch, for their insightful comments as members of exam committees and readers of drafts. Special thanks to Dr. Pamela Surkan for all her support in advising me and this project for four and a half years.

Sincere thanks to Dr. Amy Nunn, Dr. Tim Flanigan, and the T32 fellowship at Brown University and The Miriam Hospital in Providence, RI for their support of me and this research. Dr. Edward C. (Ted) Green has been a valued mentor for many years and has contributed so much to this project, including first introducing me to Swaziland through his stories of living here in the 1980s, and coming all the way here to advise me at a critical point in the research process.

I could not have asked for a more wonderful community of fellow students to share my academic journey. I will not attempt to list you all by name as the list would be long and I would surely forget someone, but you know who you are. I hope you know exactly how much your friendship, encouragement, and reading of half-baked article drafts has meant to me, and how much I am inspired by your brilliant scholarship and big

hearts. Special thanks to Tsega Gebreyesus for being considerate enough to live in the same time zone as me for much of my time in Swaziland, and for being willing to spend hours on Skype helping me to process the research experience.

This study would not have been possible without the two gifted research assistants who worked with me for close to two years, Nonhlanhla Mazibuko and Lunga Dlamini. I am forever grateful for their hard work, dedication, and ability to make participants comfortable enough to talk about personal and sensitive matters. I can't wait to see where your drive, passion, and talents take you in life. My sincere thanks as well to Cynthia Vilakati, who also conducted life-course interviews and assisted with focus group discussions.

I am grateful to the small community of fellow PhD scholars who provided insightful conversations and feedback to my research while I was in Swaziland: Alfred Adams, Eva Vernooij, Fortunate Zwane, Becca Fielding-Miller, and Thandeka Dlamini. I am particularly grateful to Alfred and Thandeka for making time to moderate my focus group discussions, and to Thandeka for a friendship that I treasure and for always being honest. Becca's brilliant work constantly inspires me, and I am so glad we had this time together in Swaziland for adventures and rich conversations.

Hlobi Nxumalo provided help and support from the time I first started to think about coming to Swaziland back in 2010, and since being here I have learned so much through our heart-to-heart talks (which I hope continue for many years to come). I am grateful to both Hlobi's organization Acts of Faith and to Maureen Magwaza at Marriage, Counseling, and Law Ministries for support of the research with marriage counselors and counselees. Sincere thanks to Derek von Wissell and Khanya Mabuza for providing me

with office space at the National Emergency Response Council on HIV and AIDS (NERCHA) and for sharing with me astute observations about the HIV epidemic in Swaziland which have shaped my research and thinking.

The friends and family who have prayed for me and cheered me on in this endeavor are too numerous to list by name, so I will just say that I am more grateful than you know. I am particularly grateful to friends, Swazi and expatriate, who have provided me with a life apart from my dissertation during my time in Swaziland. My parents, Derald and Andrea Herling, have been a constant source of encouragement, confidence, and inspiration (not least through the fact that they both completed advanced degrees well into adulthood), and I know I would not be the person I am without them. My children will fortunately not remember the years in which their mother was a busy PhD student, nor will they ever really understand how their laughter, antics, and blissful ignorance of papers and deadlines kept me sane.

Not every man would follow his wife to the other side of the globe and spend two years watching the children while she was consumed with a dissertation. My husband Joel did, and I am incredibly and eternally grateful. If I were to enumerate all of Joel's contributions to my PhD journey, this dissertation would be considerably longer. I will just say that I wish for every woman in the world a life partner as loving, supportive, and committed as mine. He has embodied love that is patient, kind, and steadfast, and taught me so much about what really does make a good relationship.

Everything in life is a gift from a loving God. So to the One who is my source, my light, my strength, and my song—thank you.

Funding

This research was generously supported by a T32 training fellowship from the National Institute on Drug Abuse (Grant Number T32DA13911, The Miriam Hospital, Providence, RI), a Harvey Fellowship from the Mustard Seed Foundation (Arlington, VA), and a grant from the New Paradigm Fund (Washington, DC). My doctoral studies were supported by a Departmental Scholarship from the Department of International Health, Johns Hopkins Bloomberg School of Public Health.

TABLE OF CONTENTS

FIGURES AND TABLES

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
CSO	Central Statistics Office
DHS	Demographic and Health Survey
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IRB	Institutional Review Board
JHSPH	Johns Hopkins Bloomberg School of Public Health
NERCHA	National Emergency Response Council on HIV and AIDS
PrEP	Pre-exposure prophylaxis
SHIMS	Swaziland HIV Incidence Measurement Survey
TasP	Treatment as prevention
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counseling and testing

INTRODUCTION

Patterns of multiple and concurrent sexual partnerships have been implicated in the very high-prevalence HIV epidemics in the southern African region, and HIV prevention efforts have targeted these risky sexual partnerships. However, messages to be faithful to one partner may have limited impact in a setting in which many sexually active individuals do not have a primary sexual partner and where rates of marriage and other stable, exclusive, long-term partnerships are low. If changing risky sexual behaviors (including multiple and concurrent sexual partnerships) is a key to reducing hyper-epidemic transmission in the region, a better understanding is required of the socio-cultural context of these sexual partnerships and how to encourage the formation of more stable and lower risk partnerships.

The primary goal of this research was to qualitatively investigate (heterosexual) relationship satisfaction and partnership transitions and trajectories among Swazi adults in order to elucidate decision-making and motivations in sexual partnerships, and address the overarching question of what is understood to be "good" in a sexual relationship.[1] It is hoped that understanding norms of sexual partnerships and what forces shape sexual partnerships over a person's lifetime may provide guidance to HIV prevention programs which attempt to change patterns of risky sexual behavior in Swaziland and other similar high-prevalence generalized HIV epidemics.

[1] Throughout this research "sexual partnership" will refer to partnerships in which nothing is assumed other than that sexual intercourse took place, whereas "relationship" will refer to sexual partnerships in which there was some level of emotional relationship, commitment, or social recognition. In siSwati, there is no such distinction, and the term *budlelwane bekulala* (literally: "sexual relationship") is used to refer to all sexual relationships.

Literature Review

HIV in Swaziland

Swaziland has a very high-prevalence, generalized, predominantly heterosexually transmitted HIV epidemic, with 26% of adults 15-49 infected according to the 2006-7 Demographic and Health Survey (DHS) (Central Statistics Office [CSO] & Macro International Inc., 2008). The 2011-12 nationally representative Swaziland HIV Incidence Measurement Survey (SHIMS) was the first survey in Swaziland to directly measure HIV incidence in a cohort and found an annual incidence of 1.65% among men ages 18-49 (95% CI = 1.28-2.11) and 3.14% among women ages 18-49 (95% CI = 2.63-3.74) (Ministry of Health, 2012). HIV incidence peaked for men at approximately 3% among men ages 30 to 34, and for women at approximately 4% for women in both the 20-24 and 35-39 cohorts (Figure 1). The SHIMS survey reported an HIV prevalence of 31% among adults ages 18-49 (consistent with the DHS finding, which measured prevalence in ages 15-49), and also determined that HIV prevalence peaked at 47% for men ages 35-39 and 54% for women aged 30

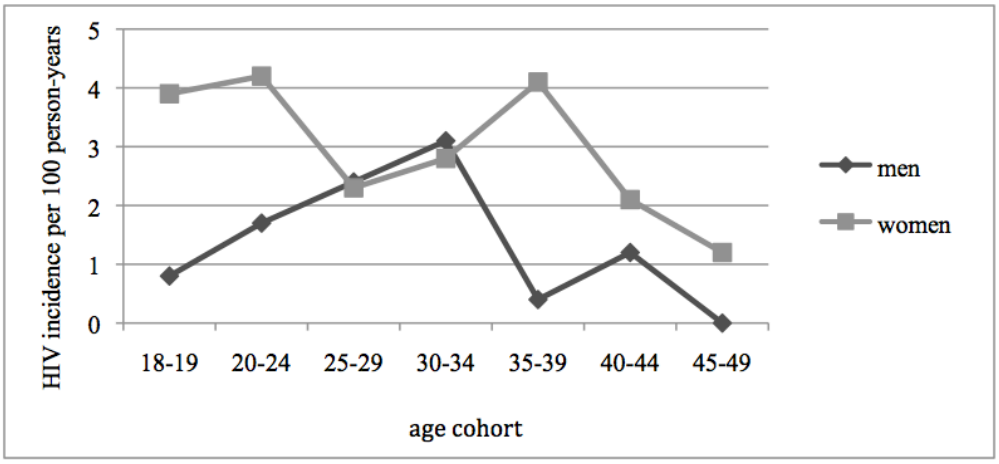

Figure 1: HIV incidence in Swaziland by age and sex
Source: Swaziland HIV Incidence Measurement Survey (Ministry of Health, 2012)

Various stakeholders within Swaziland, from the National Emergency Response Council on HIV and AIDS (NERCHA) to traditional and religious leaders, have expressed concern about the link between HIV transmission and changing norms of sexual partnerships, particularly the decline in marriage (Green, Dlamini, D'Errico, Ruark, & Duby, 2009; NERCHA, 2009). For example, a 2007 Human Development Report from the United Nations Development Programme (UNDP) noted the decline in marriage since the 1986 census, in which 90% of men and women aged 70 years and older reported ever being married. By 1997 only 77% of those aged 50 and over had ever married (Ndlangamandla, 2007). Rates of marriage and other stable, exclusive, long-term partnerships are low, with only 42% of women and 29% of men 15-49 currently married or cohabiting (CSO & Macro International Inc., 2008).[2] As can be seen in Figure 2, the proportion of adult men and women who have *never* been married is several times higher in Swaziland than in most other countries in the East and Southern Africa region.

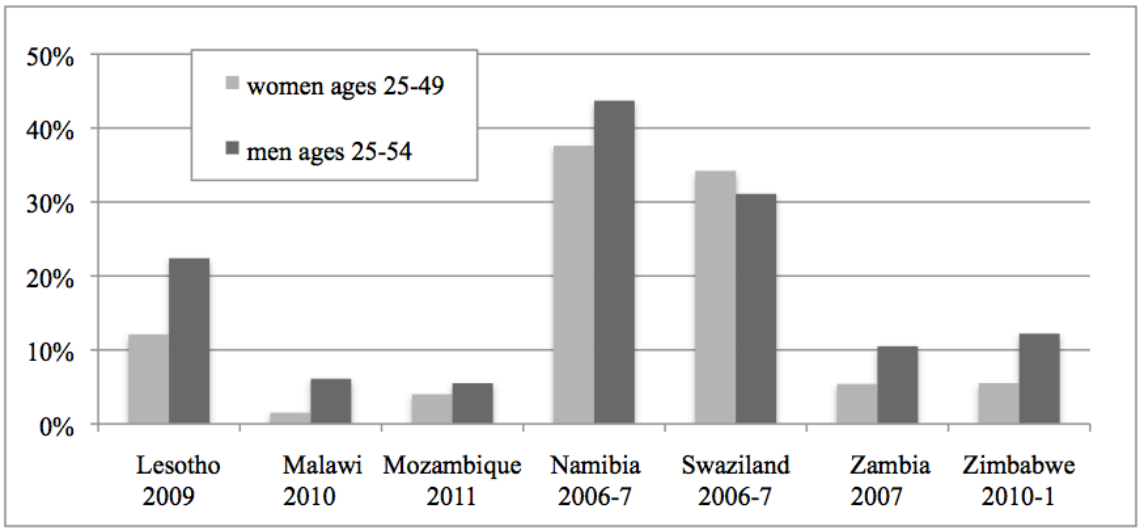

Figure 2: Percent of women and men never married in southern Africa
Source: Demographic and Health Surveys (ICF International, 2014)

[2] These data refer to men and women who answered "yes" to the question, "Are you married or living together as if married?"

Swaziland's HIV epidemic has had a devastating human toll, resulting in large numbers of orphans and reducing life expectancy by approximately half, to age 37 (NERCHA, 2009). Although HIV incidence peaked in 1999 and HIV prevalence peaked in 2004 (Ndlangamandla, 2007; NERCHA, 2009), and a 2009 report warned that increased mortality in combination with labor migration was expected to lead to negative population growth (NERCHA, 2009). The recent scale-up of HIV treatment may have changed this outlook, as 84% of adults and 53% of children with CD4 levels of less than 350 were receiving anti-retroviral therapy (ART) in 2012. Furthermore, 87% of both adults and children were known to still be on treatment 12 months after initiating treatment (NERCHA, 2012).

HIV transmission is primarily heterosexual (94% of incident adult infections) and commercial sex likely accounts for fewer than 10% of infections (including infections to sex workers, their clients, and partners of sex worker clients) (NERCHA, 2009). Therefore most transmission occurs not in key populations such as sex workers and men who have sex with men, but in heterosexual partnerships in the general population, and this will be the focus of the current research. Nearly half of the couples surveyed in the 2006-7 DHS were already infected, with 29% of couples concordant sero-positive (both partners infected), 17% of couples sero-discordant (female partner infected in 9% of couples and male partner infected in 8% of couples), and 55% concordant sero-negative (CSO & Macro International Inc., 2008). Risk of transmission in heterosexual partnerships is compounded by the fact that only 8% of Swazi males are circumcised, and only 36% of women and 43% of men report using a condom at last sex (CSO & Macro International Inc., 2008).

A 2009 study by NERCHA, the World Bank, and UNAIDS, which analyzed the modes of HIV transmission in Swaziland, concluded that the following groups are at relatively higher risk of HIV infection: women (particularly young women); men and women who are wealthy, employed, and live in urban areas; men and women who spend more than one month away from home per year; and men and women who report higher-risk sex (multiple sexual partners or sex with someone who is not a spouse or cohabiting partner) (NERCHA, 2009). Women account for 62% of new HIV infections, an estimated 19% of new infections occur in children (due to mother-to-child transmission as well as sexual abuse of children), and 68% of new adult infections are among adults over the age of 25 (CSO & Macro International Inc., 2008; NERCHA, 2009).

The SHIMS sero-incidence survey (Ministry of Health, 2012) found that the following sociobehavioral characteristics were associated with higher HIV incidence for women: being unmarried or not living together compared to being married or living together, having a partner who lives elsewhere compared to living with a partner, and having two or more sexual partners in past 6 months compared to having one sexual partner. For men, higher risk was associated with inconsistent condom use in the past 6 months compared to consistent use, and not knowing a partner's status compared to knowing a partner's status.

Multiple and concurrent sexual partnerships in Swaziland and Southern Africa

Swazis comprise one branch of the northern Nguni peoples, who also include the Zulu, Xhosa, and other smaller ethnolinguistic groups of southern Africa (Kuper, 1963). These groups cross national borders (many Swazis, for instance, live in South Africa) and share similar languages and cultural practices, as well as similar patterns of HIV

transmission. The contiguous countries of Swaziland, Lesotho, South Africa, and Botswana have the highest HIV prevalence in the world. Dynamics such as labor migration, decline of marriage and other cohabiting partnerships, and very high rates of HIV transmission within seemingly "low-risk" heterosexual partnerships are strikingly similar across the region. This section will therefore draw on relevant research from across the region, particularly South Africa, as there is a relative lack of research on Swaziland.

Patterns of sexual partnerships, particularly multiple and concurrent (or overlapping) sexual partnerships, have been implicated in the rapid spread of HIV in the southern African region (Halperin & Epstein, 2007) and in Swaziland particularly (NERCHA, 2009). While debate continues over the uniqueness of these patterns of sexual partnership and their importance to the spread of HIV (Lurie & Rosenthal, 2009; Sawers & Stillwagon, 2010), most experts agree that reducing HIV transmission in the region will require shifts in sexual behavior, and that multiple sexual partnerships pose a particular concern (Padian & Manian, 2011; Tanser, Barnighausen, Cooke, & Newell, 2009).

Although data suggest that men and women in Africa report roughly similar, if not fewer, numbers of lifetime partners than do men and women elsewhere in the world (Halperin & Epstein, 2007), the proportion of sexually active adults who report multiple sexual partnerships in the past year is generally higher in east and southern Africa than in other parts of the world (Mishra, Hong, Bignami-Van Assche, & Barrere, 2009). Data from east and southern Africa suggest that rates of concurrency may also be particularly high in these regions. Wellings and colleagues, in a global survey of sexual behavior,

note that "evidence is available that, although lifetime numbers of partners might be lower, concurrent relationships in men in some African countries might have been more common and of longer duration than in other regions" (Wellings et al., 2006, p. 1714). In the early 1990s the World Health Organization's Global Programme on AIDS found that the percentage of men and women having two or more *regular* sexual partners (defined as someone with whom one has had sexual encounters for at least one year) was higher in sites and countries in sub-Saharan Africa than in other regions of the world (Caraël, Cleland, Deheneffe, Ferry, & Ingham, 1995).

More recent surveys have reported high rates of concurrent sexual partnerships across southern Africa: 18% of sexually active men and women in Botswana reported concurrency in the past year (Meyerson, Robbins, Koppenhaver, & Fleming, 2005); 40% of men in rural KwaZulu-Natal, South Africa reported concurrency in the past 3 months (Colvin, Abdool Karim, Connolly, Hoosen, & Ntuli, 1998); 17% of individuals in spousal or "regular" partnerships in Khayelitsha, South Africa reported concurrency in the past year (Mah, 2008a); and 33% of black men 16-26 years in the Cape Metropolitan Area, South Africa reported concurrency during last sexual partnership (Mah, 2008b). Evidence of concurrency has also come from studies of African couples, which have observed a sizable proportion of new infections coming from *outside* the partnership in both concordant-negative and sero-discordant couples (Mah & Shelton, 2011).

In Swaziland, several sources of data suggest that multiple partnerships are common. Concurrent partnerships, although not directly measured, may be assumed to be prevalent, given the presence of multiple partnerships within relatively short periods of time. According to the 2006 DHS, Swazi women (ages 15-49) report a mean of 2.4

lifetime sexual partners, with divorced, separated, or widowed women reporting more lifetime sexual partners (mean 3.4) than do married women (mean 2.2) (CSO & Macro International Inc., 2008). Swazi men report more sexual partners than do women, with a mean of 6.6 lifetime sexual partners for men ages 15-49, mean 7.8 lifetime partners for married men, and mean 9.1 lifetime partners for divorced, widowed, or separated men. Among Swazi women and men who had sexual intercourse in the past 12 months, 2.3% of women and 22.9% of men report having two or more sexual partners in that time period (CSO & Macro International Inc., 2008).

The national-level SHIMS study found that 3% of women and 17% of men ages 18-49 reported 2 or more sexual partners in the past 6 months. A series of linked national cluster surveys in Swaziland reported a somewhat higher prevalence of multiple sexual partnerships among young adults (ages 18-29), but also found that multiple partnerships may have decreased over the 2000s (Cockcroft, Andersson, Ho-Foster, Marokoane, & Mziyako, 2010; see Figure 3). A study in rural Swaziland reported that 70% of men and 62% of women reported multiple sexual partnerships in the past 3 months (James & Matikanya, 2006). The difference between the prevalence of multiple partnerships reported in these four surveys may derive from the different populations surveyed or from differences in survey methodology and research participants' level of comfort with disclosing sensitive information, as self-reporting about sexual behavior is notoriously unreliable.

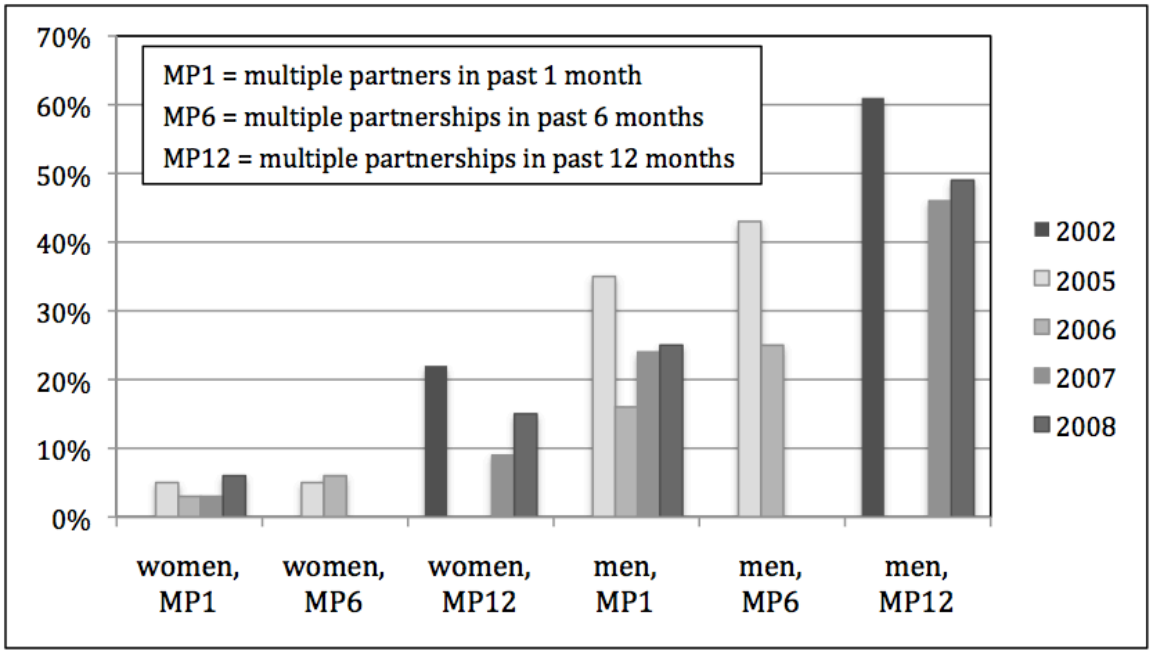

Figure 3: Multiple partnerships, Swazi men and women ages 18-29
Source: Cockcroft et al., 2010

A number of qualitative studies have also investigated concurrency in the southern African region and shown that in many contexts, sexual partnerships that are short-term, non-exclusive, and transactional are highly normative (K. Hawkins, Mussá, & Abuxahama, 2005; Mah, 2008a). A series of focus group discussion and interviews in Botswana revealed that concurrent sexual partnerships were considered to be normative and were motivated by the desire for materials gains or sexual satisfaction as well as by social pressure—in the case of men, to demonstrate sexual prowess and in the case of women, to possess consumer goods which could be obtained through having extra "ministers" (concurrent partners) (Nkwe & Limwane, 2007). On the other hand, concurrent partnerships were often carried on covertly, suggesting that they were not seen as entirely socially acceptable or without social risks.

Similarly, interviews and focus groups conducted with young adults in South Africa found that sexual partnerships were seen as a pathway towards benefits such as material goods and money (W. M. Parker, Makhubele, Ntlabati, & Connolly, 2007). Concurrent partnerships were considered normative, although not openly acknowledged, especially to one's main partner. Participants presented a dichotomy in which main partnerships were motivated by love, and additional partnerships motivated by other desires such as material goods. Leclerc-Madlala (2003) has argued that transactional partnerships in South Africa are driven by social norms regarding material goods and consumption. Women in particular are motivated to engage in transactional sex in order to "pursue images and ideals largely created by the media and globalization" (Leclerc-Madlala, 2003, p. 213).

Changing norms of sexual partnerships and marriage in Southern Africa

Current patterns of multiple and concurrent partnerships have developed within a context of declines in marriage and other stable, long-term sexual partnerships across southern Africa and especially in the highest HIV prevalence countries of South Africa, Swaziland, Lesotho, and Botswana. One analysis found a strong correlation between "late marriage" and higher HIV prevalence across 33 countries in Africa (Bongaarts, 2007), while other observers have noted that many southern Africans do not just delay marriage, but never marry at all (Hunter, 2010). The relationship of HIV risk to marriage is complex and has been debated in the literature. Some researchers have concluded that marriage is a risk factor for HIV infection, particularly for women. The Multicentre Study showed that young married women and men were more likely to be HIV infected than unmarried, sexually active men and women in the same age cohort (Glynn et al.,

2001), and some researchers concluded that marriage was a risk factor for young women (Clark, 2004; Clark, Bruce, & Dude, 2006). Later analysis of the Multicentre Study data showed that many women enter marriage HIV-infected and that less than half of HIV infections among married couples were acquired from spouses (Glynn, Caraël, Buvé, Musonda, & Kahindo, 2003). Dunkle and colleagues (2008) later concluded, based on modeling, that 60% to 94% of new HIV infections occurred within sero-discordant married or cohabiting couples in Zambia and Rwanda. Subsequent modeling studies posited that Dunkle and colleagues had under-estimated the role of HIV infections from outside partners (Bellan et al., 2013) and that transmission within stable serodiscordant couples accounts for one third of new HIV infections in Africa (Champredon, Bellan, & Dushoff, 2013). Another analysis found, based on modeling, that a minority of HIV infections in sub-Saharan Africa occurred within sero-discordant stable couples, and that infections within such couples contributed only 10% of new infections in Swaziland, the lowest proportion of the 20 countries surveyed (Chemaitelly, Shelton, Hallett, & Abu-Raddad, 2012). More recent data from Swaziland (Ministry of Health, 2012) and South Africa (Shisana et al., 2014) has shown that married women have lower HIV incidence than do unmarried, sexually active women.

In Swaziland, the SHIMS study found that women who were neither married nor living with a partner had nearly twice the HIV incidence of other women (4.1 vs 2.2 per 100 person-years) while for non-married, non-cohabiting men the risk of HIV infection was slightly elevated (1.8 vs. 1.3 HIV infections per 100 person-years) (Ministry of Health, 2012). In a model which adjusted for education, employment, geography, number of sex partners, and pregnancy, women who were not married or living with a partner had

more than 3 times the HIV incidence of other women (HR = 3.05). Similarly, a 2012 national sero-behavioral survey in South Africa found that individuals who were living with a sexual partner but unmarried had five times the HIV incidence of married persons (3.08% versus 0.55%) (Shisana et al., 2014).

Anthropologists have drawn attention to social and cultural factors contributing to the spread of HIV, including rapid social change, rural to urban migration, patterns of cyclical and work-related migration which separate sexual partners for much of the year, and "loss of traditional culture" affecting such institutions as the socialization of children, courtship and marriage (Green et al., 2009; Hunter, 2010; Leclerc-Madlala, 2011). These dynamics have been in motion for well over a century, and historians have noted the links between colonization, migration, and sexually transmitted disease, beginning in the late 19th century. Decades before AIDS, syphilis was exacting a devastating toll on southern African populations, and was similarly embedded in complex societal shifts. Syphilis had been introduced by Europeans during colonization, but epidemic spread was accelerated in the late 19th century when the opening of gold and diamond mines in Southern Africa led to the cyclical migration of massive numbers of young men from all over the region.

Sidney Kark wrote in 1949 of the "social pathology" of syphilis in South Africa and of the critical need to consider the social and historical factors which amplified its spread (Kark, 1949). The influx of men into urban areas (which largely lacked family housing) led to "urbanization under abnormal social conditions" and great gender imbalance both in urban areas (with men outnumbering women by 3 to 1 or more), and in rural areas (with large numbers of women left without partners). Kark argued that what resulted was not *individual* pathology, but rather a *social* pathology in which "society

does not allow for the healthy development of the individual" and sexual relationships between men and women were "cheapened." As South Africa urbanized and industrialized, Kark wrote of

> *the development of an urban life which has profoundly disturbed the family stability and sexual mores of several million African people... This system of migratory labor of adult men has led to instability and pathology in family relationships. The code of morals of the men who have been to town appears to have arisen through the realization of a new, free, sexual life, one that does not regard sexual intercourse in a serious light, but as a cheap commodity for temporary pleasure. (Kark, 1949, p. 186)*

Historian Karen Jochelson (2001), in an examination of syphilis in late 19th century to mid-20th century South Africa, has also written about the disruption to African society and systems of disease control set in motion by both colonization and the rapid ascendancy in large parts of the country of the migrant labor system. Similarly to Kark, she argued that, "The migrant labour system proved a particularly effective way for STDs to spread. It undermined stable social and sexual relationships in rural and urban areas, predisposing many men and women to enter transient sexual relationships" (Jochelson, 2001, p. 3).

In addition, urbanization and migrant labor changed patterns of sexual partnerships as "young men's access to an independent income gradually diminished the social relationships and obligations that bound traditional marriages" (p. 99), and "abandoned" wives and single women who migrated to towns sought relationships with fellow migrants for the measure of financial and social security they provided. Jochelson has provided precise data on the decline in time spent in rural homes for men working in mines or urban areas. In 1931 the average time worked at the mines in each "cycle" of migration was 10.88 months, and an average of 8.1 months were spent at home. By 1942,

migrant mine workers were spending an average of 13.6 months at the mines and 7.6 months at home, and one fifth of men made only brief holiday visits home.

Unjust political policies, such as the Land Act of 1913 which restricted the boundaries of African reserves, had created heightened population density on increasingly degraded land, virtually ensuring the collapse of the rural agricultural economy and the inability of households to subsist from the earnings of rural farms. At the same time, men working in urban areas did not earn enough to support their families in an urban setting. Women, left behind in rural areas, became *de facto* heads of households, "but without the equivalent social or financial authority" (p. 100), especially when their husbands did not send home sufficient funds for household maintenance. In such circumstances, many women returned to their father's or brother's homesteads. Known in Zulu as *amadikazi*, these women enjoyed greater social freedom, including going to social gatherings at which beer was sold and men and women danced together, and accepting lovers. According to Jochelson, during this era rates of marriage began to decline, and more temporary sexual partnerships (which did not involve the expense of *lobola* [bride price] and traditional marriage ceremonies) became more common, particularly in urban areas.

These pressures on the African family continued throughout the 20th century, and rates of marriage or other committed and stable partnerships continued to decline precipitously. Hosegood and colleagues have argued that over time attitudes towards marriage adjusted to accommodate a system which systematically kept married couples apart, and "social structures and support realigned around the stronger and more enduring parental and filial bonds" (Hosegood, McGrath, & Moultrie, 2009). Expectations of

marriage changed and "doing without marriage" came to be seen as a viable option, especially for women, although some women held on to marriage as an ideal, albeit one that was increasingly difficult to realize (Preston-Whyte, 1978).

A study of black family life in South Africa, published in the last year of apartheid and based on dozens of group interviews with black South Africans, discovered rampant concern for the fate of the family (Viljoen, 1994). Black South African research participants expressed an enduring belief in the family as an institution and in its resilience under adverse circumstances, thus holding up intact and resilient families as an ideal. However, they bemoaned what they saw as current reality: the decline of parental and adult authority coupled with debilitating structural problems, including the absence of parents or caregivers, largely due to work-related migration.

Single parenting by women was described as normative, and professional women in particular described this family type as acceptable and even preferable. Men's absence, particularly due to contract labor and workers' housing which did not allow men to bring their families to their work sites, was also felt to erode men's authority and the respect they had traditionally enjoyed from families. According to Viljoen,

> *The lack of involvement of fathers was perceived to be the death knell of meaningful marriage and family life… Migratory labor and forced resettlement of people with concomitant poverty and sadly deficient housing made a mockery of the concept of family as 'the cornerstone of society'. (Viljoen, 1994, p. 30)*

Marriage and sexual partnerships in Swaziland

In her classic ethnography of the Swazis, anthropologist Hilda Kuper described marriage as a "linking of two families rather than of two individuals" (1963, p. 24) and identified several types of marriage, including preferential marriage (marriages arranged by parents for reasons of family status) and polygamy. Marriage under Swazi law and

custom (*kuteka*) involves both the bride's and groom's families in a number of ceremonies and formalities, although there is some debate over which are essential for a legal marriage, and a couple may be considered married even if not all steps in the marriage process have been completed (Nhlapo, 1992). According to Nhlapho, there are three critical events, with the most significant being the smearing of the bride with clay-like red ochre (*libovu*). This is considered a once-in-a-lifetime affair, and if the woman does marry again, she will be smeared with another substance, but not with *libovu*. A woman who has been smeared with *libovu* is considered legally married under Swazi law and custom even if it was done without her consent or the consent of the groom, as when a man's family forcibly smears a woman with red ochre (Nhlapo, 1992). The second important event in a traditional marriage is the payment of *lobola* (bride price), traditionally in the form of cows, from the groom to the bride's family. Finally, the slaughtering of a cow known as the *lugege* signifies the conclusion of *lobola* negotiations between the two families.

An ethnography based on fieldwork conducted in the 1930s described marriage, kinship, coming of age rituals, childbearing, and many other aspects of Swazi life in great detail (Marwick, 1966), although perhaps in somewhat idealized and static terms (R. Levin, 1997). According to Marwick, sexual activity which could lead to pregnancy was strictly sanctioned outside of marriage, and unmarried youth were encouraged to practice non-penetrative "thigh sex" which would not lead to pregnancy. The birth of children to an unmarried woman was considered shameful, and the baby's father had to pay the mother's family in order to claim the child as his. Male youth were organized into "age regiments" and could marry only when their regiment was granted permission to do so by

the king. If a man stayed a bachelor he was derided by his peers as not being a fully mature adult. Marwick discussed a number of motivations for marriage among the Swazi, including sexual desire, attraction, being in love, and family pressure. Having a family arrange a marriage conferred status on the marriage, although sometimes this was done in order for the family to gain *lobola* to pay a debt.

Marwick observed that a divorce was difficult to obtain, and typically granted only in cases of adultery, witchcraft, or sterility. Adultery was a serious matter which allegedly had been punishable by death in the past, although this was no longer the case at the time of Marwick's fieldwork in the 1930s. In the case of divorce, a chief would hear the case and make a judgment of what proportion of the *lobola* should be returned to the husband. Given the considerable financial burden if the wife's family had to return *lobola*, the wife's family had a strong incentive to encourage the wife to seek reconciliation and preserve the union.

Anthropologist Margo Russell asserted, based on fieldwork in Swaziland in the 1990s and her analysis of the 1985 Swaziland Census, that while having children was nearly universal, marriage was not, and childbearing often occurred outside of marriage (Russell, 1995). According to the census, half of women age 20 and above were unmarried, and a third of these unmarried women had children. Russell's fieldwork in one village revealed that nearly all women had children at the time of marriage, with half of women having children by their husbands and nearly half (41%) having children from other men. Russell also noted that in the census most women were married traditionally rather than in a civil marriage.

In contemporary Swaziland, both traditional and civil rites marriages are recognized, according to either Swazi law and custom, or the somewhat contradictory legal system derived from Roman-Dutch common law and codified in the 1964 Marriage Act (Bhalla, 2000). These systems recognize different types of marriage. For instance, polygamy is recognized under traditional but not civil rites marriage. Polygamy is still relatively common in Swaziland, especially among older men and women, and 18% of Swazi women reported that they were in a polygynous union in the 2006 DHS (CSO & Macro International Inc., 2008). Traditional and civil law also provide different grounds for divorce. Infertility is grounds for divorce under traditional but not civil marriage, while the man's adultery is grounds for divorce under civil but not traditional marriage. Couples may choose to get married both traditionally and under civil law, which means they are then subject to the regulations of both systems in situations such as divorce.

A 2011 qualitative study of sexual and societal norms and "cultural scripts" found that while marriage is increasingly uncommon in Swaziland, other types of partnerships follow the norms surrounding marriage to varying degrees, becoming "diluted versions of marriage" on a continuum of partnerships which extends from marriage to commercial sexual partnerships (NERCHA, 2011, p. 17). This study employed "hearsay ethnography," a method by which trained ethnographers kept journals describing conversations held in their hearing, in the course of everyday life, about AIDS. The ethnographers noted that people often referred to their partner as "husband" or "wife" even if not formally married, and that while "marriage" usually referred to formal marriage or "quasi-marriage" (a couple who lived together and had children together) it was also used at times to refer to more casual partnerships.

Out of these data the researchers developed a typology of 12 sexual partnerships (Table 1), while also noting that Swazis saw boundaries between these partnerships as "porous" and that a partnership might move between types over time. Intergenerational sex and having multiple partners were particularly criticized, the former for violating social norms and the latter for being particularly risky. The research also found that Swazis saw risk for HIV coming primarily from non-marital partnerships, and secondarily from sex within marriage, related to the common misconception that if one partner was infected the infection must have been immediately passed on to the other partner. No difference in risk between serial and concurrent partnerships was recognized. One-night stands and buying sex from a sex worker were both felt to be relatively rare, whereas the term "prostitute" was used frequently to refer to a mercenary and promiscuous woman regardless of whether she was "selling sex." Notably, this typology distinguished between type of *partnership* but not type of *partner*; for instance, a man's "steady partner" may be a sex worker, a girl a generation younger, or a married woman close to his own age.

Table 1: Typology of sexual partnerships in Swaziland

Type of sexual partnership *(italics indicates at least one partner engaging in concurrent sexual partnerships, not including formal polygamy)*
1) Married with no other partners • seen as being desirable, especially for women
2) *Married with steady outside partner*
3) *Married with multiple steady partners*
4) *Married with casual partner*
5) *Married with multiple casual partners* • considered to be "promiscuous" behavior
6) Polygamy (formal)
7) *Polygamy but with additional multiple casual partners*
8) Single with a steady partner
9) *Single with multiple steady partners*
10) *Single with both a steady partner and a single casual partner*
11) *Single with both a steady partner and multiple casual partners*
12) *Single with multiple casual partners* • most common type of relationship discussed, described as "sleeping around"

Source: NERCHA, 2011

Publicly expressed views about marriage were mostly positive (with two positive comments recorded for every negative comment), and the researchers concluded that "although marriage rates are very low, there is a notable desire for marriage and the benefits marriage may confer" (NERCHA, 2011, p. iii). A woman was felt to benefit from the social and material support that came with being married. Should her husband abandon her or fail to provide for her, she had greater recourse to seek financial support for herself and her children if she had been formally married, and could also expect greater social support from her community. A man faced greater social sanctions for not supporting his child the closer to marriage his relationship with the mother had been,

such as if he had lived with the mother rather than if the mother had been a casual partner only. Men were also felt to benefit socially from marriage, as being married was associated with being a mature adult and being economically stable.

For both men and women, marriage brought more stringent social norms around sexual behavior, and a higher standard of behavior than was expected from the unmarried. On the other hand, *all* types of non-marital sexual partnerships were criticized, and most comments about "casual sex" reported by the ethnographers were negative. (The one-quarter of comments that were positive towards casual sex were nearly all made by young men.) Casual sex was felt by most people to be an improper and immoral behavior that led to AIDS and was motivated by four main desires: love, money, revenge and sexual desire. There was a clear gender dimension to how these desires were perceived, with women saying that it was mostly sexual desire that motivated other women to have casual sex, and men perceiving that sexual desire was secondary to a desire for money among women, whom they saw as "mercenary rather than vulnerable" (p. iv).

Land tenure, migration, and changing family structure in Swaziland

Swaziland has a unique history of land pressure, leading to massive out-migration and disruption of family life, which has arguably had major implications for marriage and sexual partnerships. Marriage for men has traditionally been dependent on owning land, which was granted by a chief and ultimately by the king in exchange for allegiance (Bowen, 1993). By the 1880s, the era of European contact and colonization had begun and the Swazi king Mbandzeni granted two-thirds of his territory to Europeans in concessions which he probably understood to be temporary but which were treated as

permanent by the Europeans (Kowet, 1978). In 1907, the British colonial government confiscated over half of the remaining arable land in the already reduced Swazi Protectorate for white settlement (Crush, 1997). Without enough land to distribute to their subjects, Swazi chiefs encouraged out-migration to neighboring South Africa, and instituted hut and poll taxes to effectively force Swazi males to migrate to find wage labor.

As the 20th century progressed, Swaziland was treated as a labor reserve by the European colonizers and large numbers of Swazi men continued to migrate to find work. By 1969 (the year after Swaziland won independence from the British), 18% of Swazi adult males were working in South Africa, primarily in gold mines (Kowet, 1978). The number of migrants to South Africa continued to grow, with women as well as men seeking paid employment in South African cities. A 2007 report found that the number of Swazis traveling to South Africa each year had quadrupled since the early 1990s, with this migration largely driven by declining economic conditions in Swaziland (Roberts, 2007).

This history of land use and migration in Swaziland has had important implications for family life, and by extension, the spread of HIV. As already described in South Africa, migration led to changes in family structure in Swaziland as men and women were forced to be away from their partners and children for long periods of time. With so many couples forced to live apart, the institution of marriage was weakened, families became matrifocal, and bonds to children rather than bonds to sexual partners became more important and lasting. At the same time, Swazi women were placed in an "impossible situation" as prior to Swaziland's 2005 constitution they were not allowed to

own land despite the fact that an estimated two-thirds of Swazi households were headed by women (Miles, 1999). Therefore many Swazi women found their only access to wages (required for children's school fees and other needs) was through seeking wage labor, which often required migration to an urban area or out of the country.

Civil and traditional marriages in Swaziland have been and continue to be dependent on payment of *lobola* (Marwick, 1966). In a context of widespread poverty and high unemployment, the requirement to pay *lobola* may create a significant financial barrier for a young man seeking to get married, and may mean that a couple delays marriage for financial reasons even as they have children and establish a household together.

Study Setting

Swaziland is a small country in southern Africa, approximately 120 miles north to south and 80 miles east to west, which is bordered by South Africa and Mozambique (Figure 4). Most of Swaziland's approximately 1 million residents are ethnic Swazis, and all participants in this research were ethnic Swazis. All participants in the life-course interviews and FGDs were recruited from central Mbabane, with the expectation that most of them would be urban dwellers. Mbabane is the capital of Swaziland and its second largest city (after Manzini), with a population of approximately 100,000. In fact, participants lived as far as 30 miles away from Mbabane, in urban townships (called "locations"), in the urban centers of Mbabane and Manzini, in other smaller towns, and in semi-rural and rural areas.

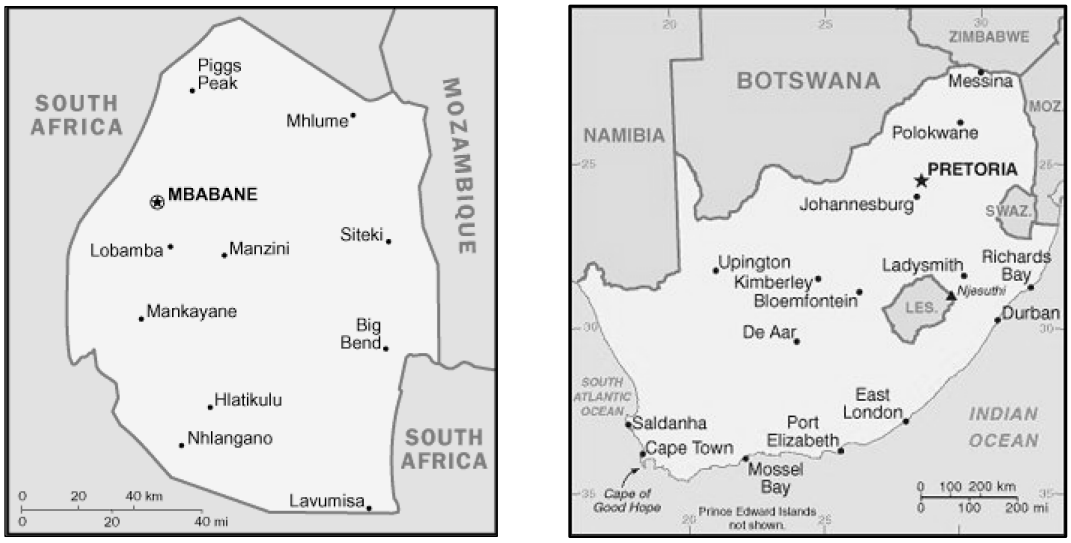

Figure 4: Maps of Swaziland

Many participants had moved back and forth between urban and rural areas, or between various towns and cities, during their lifetimes, and some continued to be highly mobile even during the research period. In addition, even areas of Swaziland that are considered rural are never far from the main population centers of the country, and people frequently travel back and forth between rural and urban areas. This is evidenced by the fact that the rural dwellers included in the research were in the city of Mbabane on the day we recruited them. The life-course interview participants were fairly easily distributed between the three categories of urban, peri-urban, and rural, although these divisions should be regarded as porous.

Study Design and Methods

This qualitative study consisted of 148 in-depth interviews and 4 focus group discussions (FGDs) with a total of 90 individuals, as shown in Table 2.

Table 2: Research aims and methods

Research Aim	Data collection method	Participants
Research Aim 1: To assess, describe, and rank components of relationship satisfaction among Swazi men and women.	4 FGDs	20 women ages 20-39 13 men ages 20-39
Research Aim 2: To describe transitions and trajectories in sexual partnerships among Swazi men and women.	*Aims 1 & 2:* 117 repeated, in-depth, life-course interviews	*Aims 1 & 2:* 14 women ages 20-39 14 men ages 20-39
Research Aim 3: To explore the potential of community-based marriage counseling and relationship strengthening activities as an HIV prevention strategy.	19 in-depth interviews	17 marriage counselors (8 women, 9 men)
	12 in-depth interviews	12 counselees (6 women, 6 men)

The recruitment and sampling of participants, as well as data collection and analysis, will be systematically described in the Methods sections of Chapters 2, 3, and 4. In this section I will address issues related to setting up the study, in hopes that this "behind the scenes" look at a research project will be helpful to other researchers who may undertake similar work or encounter similarly uncharted waters in conducting qualitative research.

Sampling and recruitment

My goals in this research were to 1) find "ordinary" adult Swazis who would be willing to talk frankly about the subject of sexual relationships, including their own (Research Aims 1 & 2), and 2) find marriage counselors, and individuals who had been counseled by marriage counselors (counselees), who would be willing to be interviewed about their experience of offering or receiving marriage counseling (Research Aim 3).

Sampling and recruiting marriage counselors and clients was relatively straightforward, and will be described in Chapter 3. Sampling urban Swazi adults was not so simple. How does one sample for a small qualitative study, when the population of interest is the entire adult population of a country?

I realized that I would have to limit my population of interest, by age and geography. I ultimately decided to focus on Swazis between the ages of 20 and 39 living in and around Mbabane. As my research assistants and I lived in the urban centers of Mbabane and Manzini, urban populations were more accessible to us than were rural populations. I was also interested in urban young adults because they have the highest HIV incidence of any group in the country, and because quickly-changing urban cultures have been less studied in southern Africa than have more traditional rural cultures. Furthermore, the research assistants available to me were in their 20s and 30s, and I felt that they would have better rapport with, and success interviewing, research participants who were close to them in age.

After a number of conversations with Swazis and researchers with experience in Swaziland about cultural differences within the country, I decided to proceed under the assumption that urban Swazis of diverse educational and socioeconomic backgrounds shared a sexual culture that was coherent enough that I could study all urban Swazis between the ages of 20 and 39, and not stratify further. If this theory was not confirmed, I would have to refine my research focus further and select a more specific sub-group to study. I considered recruiting and sampling participants using a church, community group, or other existing organization, but this had the dual disadvantages of sampling participants who might be very similar and representatives of a particular sub-culture, and

of recruiting participants who might know each other and feel that their privacy was at stake. Our ideal participants were individuals who were previously unknown to me or my research assistants (so that they felt the safety of anonymity), who were diverse in terms of age, gender, education, and socioeconomic background, and were willing to talk frankly and openly about their lives.

In the end, I decided on a simple and straightforward recruitment method. In consultation with my research assistants, I chose a public location (a popular grocery store in a central shopping center in Mbabane, the Shoprite in the Swazi Plaza), and a time (Saturday morning), which seemed to draw a broad spectrum of Swazis. I conducted participant observation in this location several times to test these assumptions. Then one Saturday morning, I went and stood outside the Shoprite with my research assistants, and we began to stop every second passer-by who looked in our target age range and briefly tell him or her about the study using an IRB-approved script. We offered passers-by a muffin to get them to stop long enough to hear what we had to say. For many people, a strange white woman waving a muffin was enough to make them stop and listen. Others just kept walking, or stopped only long enough to tell us that they were in a hurry and could not stop to talk (often causing one of my research assistants to mutter under his breath about how such haste was very un-Swazi). If a person was between the ages of 20 and 39 and interested in hearing more about the study, one of my Swazi research assistants would step aside with them to a place out of the main flow of traffic where they could not be overheard and explain the study.

This sampling method may be considered a form of central intercept sampling, which has been widely used in marketing research and involves recruiting research

participants and administering short surveys in a central location such as a shopping mall (U.S. Department of Health and Human Services, 1992, p. 41). In the case of this research, we did not collect any data from participants at the time of recruitment, but rather invited them to meet with us at a future date in a private location to be interviewed. Unfortunately, I did not record refusal rates. To the best of my recollection, about half of the people we approached agreed to stop and talk, and perhaps three-quarters of those who received a full explanation of the study agreed to participate. In one case, a man told us he would like to think about his participation, but later called and agreed to join the study.

This sampling method had benefits as well as disadvantages, and may have introduced bias. The grocery store at which we carried out recruitment is known for low prices and long lines at the checkout. Although I observed what appeared to be Swazis of all social classes during our Saturday morning recruitment sessions, wealthier Swazis may have been under-represented. Wealthier and more educated Swazis may have also felt they had more demands on their time, and may have been less likely to stop and talk to us, or to agree to participate in several time-consuming interviews. While a few educated professionals did participate in the life-course interviews, a greater number of participants were unemployed, under-employed, or involved in unskilled labor. Of course, educated professionals are greatly outnumbered by unskilled laborers in the population at large.

Some participants seemed to enjoy the interviews because the interviews gave them something to do during periods of unemployment and a chance to tell their stories. Men and women who felt less of a need for an activity to fill their days, and less of an

urge to talk about their problems with a stranger, may have been less likely to participate in this research. Such potential differences between our research participants and the general population are subtle and hard to capture, although they may have significant implications for the transferability of these findings. On the other hand, this sampling method did fulfill the central goals of recruitment for this study: the recruitment of a diverse group of participants who were unknown to each other and to the researchers.

FGD participants were recruited in much the same way as life-course interview participants. The researchers intercepted men and women in the target age range (20-39) in the same outdoor shopping center where we had recruited life-course interview participants, explained the research and the FGD to them, and if they expressed a willingness to participate, gave them a slip of paper with information about the FGD. We learned through trial and error that recruiting participants the day before the FGD, or even hours before the FGD, was not a successful strategy. We initially recruited 20 potential participants per FGD, expecting that our desired number of six to ten participants would actually come, but had to cancel two of the first four FGDs (one with men, one with women) because only two or three people came. Although we reimbursed FGD participants for transportation expenses, the time and money required to travel to the FGD site may also have been a barrier, as participants were not reimbursed until after the FGD. For the last men's FGD and last women's FGD, we found a private location close to the city center of Mbabane in which to hold the FGDs, and recruited participants from the park and sidewalks close to the FGD location until we had a critical mass of six to ten participants, who participated in the FGD right away.

Training of research assistants

Shortly after arriving in Swaziland, I identified and interviewed several Swazi research assistants who had worked on previous qualitative research projects, and chose to hire two, a woman (Nonhlanhla Mazibuko) who was in her early 30s, and a man (Lunga Dlamini) who was in his mid-20s. Both were unmarried urban dwellers who had tertiary education in fields unrelated to qualitative health research. Before beginning research, I conducted three days of training which included an overview of the goals of qualitative research, ethics training and certification, practicing interviewing techniques, and training in data management. They then conducted pilot interviews, and we used these interviews both to refine the interview questionnaire and to discuss and critique their interview technique.

Although both research assistants had previously conducted qualitative interviews, they needed significant training and practice in order to develop the skills needed to conduct successful semi-structured, in-depth interviews about sensitive topics. As they began to conduct interviews, we continued to hold regular meetings in which we would discuss the interview and I would comment on their interviewing skills, make specific suggestions for improvement, and suggest probes and lines of inquiry for further interviews. The interviewers also wrote memos after each interview to describe the setting of the interview and the appearance, demeanor, and non-verbal communication of the participant. I reviewed these memos and discussed them with the research assistants.

I encountered two significant challenges related to conducting research through research assistants. Ms. Mazibuko had another job and was often only available on the weekends, which at times proved challenging in terms of scheduling interviews. At one point, given funding constraints and my need to finish the interviews more quickly than

she could schedule them, I made the decision to hire another female research assistant, a woman who had never before done qualitative research. I gave this third research assistant a somewhat condensed version of the training that my first two research assistants had received, and then had her interview three of the fourteen female participants in the life-course interviews. Unfortunately, probably partly due to her weaker training and partly to personality and other innate qualities, she did not prove to be as skilled an interviewer as my two primary research assistants. This was a lesson to me in how important it is to find the right person to conduct data collection, how much an interviewer's personality and skill level affects interview quality, and how critical it is to provide to any data collector high-quality training and opportunities to practice research skills.

The second challenge also involved an undeniable interviewer effect. Mr. Dlamini was approximately a decade younger than many of the men he was interviewing. We realized that while men in their 20s often disclosed behaviors such as multiple and concurrent partnerships which they knew were risky and often felt ashamed about, men in their 30s were for the most part not willing to admit any current behaviors that they did not feel were proper and respectable. We strongly suspected that this at least partly had to do with the fact that men in their 30s perceived Mr. Dlamini as being in a younger age cohort, and spoke to him as older men with a reputation to protect, rather than as peers. I considered trying to find a man in his 30s to interview male participants in their 30s, but the risk of repeating my experience with the second female research assistant seemed greater than the disadvantages of continuing with Mr. Dlamini. In addition, a critical component of the research design was that a participant be interviewed by the same

person throughout the research in order to build trust and rapport. Therefore, once an interviewer began a relationship with a participant, I did not switch interviewers even if I had concerns about the effect of that interviewer on the interview process.

Conducting interviews

Life-course interviews

I had many questions going into this research project about how well, if at all, the project would work. Would participants be willing to talk openly and honestly about the most intimate parts of their lives? Would their stories stay at a surface level of tropes and clichés, and reveal nothing that researchers in the region do not already know? Would participants cut interviews short, or leave the research, when they realized that we wanted to know details about their sexual relationships? To my astonishment, not one participant left the research. Two men were dropped from the study very early on in the interview process. One man insisted that he had never had a sexual partnership (a different story than he had told at recruitment), which made him ineligible to participate. Another man became extremely emotional with the first interview questions about his family background, as he had apparently had an extremely traumatic childhood, and declined to continue. With these two exceptions, every research participant continued with the study through the final interview.

Interviews with most participants were very personal, and often highly emotional. Women often cried as they recounted and relived experiences of deep pain and trauma. Men revealed passages in their histories about which they felt deep shame and regret. More than one participant disclosed that he or she was HIV-infected, or struggling with other serious challenges, and felt perplexed and unsure of what to do and where to turn.

While we provided referrals to counseling and mental health services (which some participants took advantage of), Ms. Mazibuko in particular often felt the weight of these situations, and that the lines between interviewer and counselor, research professional and friend, blurred somewhat. It became clear to the research team that many participants, particularly women, lacked confidantes with whom they could discuss their problems and pain, and thus regarded the interviewer as something of a confidante.

The fact that we interviewed the life-course interview participants repeatedly meant that we had opportunities to address gaps in previous interviews, and that I could be more involved in the interview process through suggesting questions and lines of inquiry. I also attended at least part of one interview with approximately half the participants. I chose to attend the interview that seemed the least personal—addressing topics of relationship satisfaction and ideals of a "good relationship"—with the hopes that participants would not be made too uncomfortable by my presence. In fact, most participants were made very uncomfortable by my presence. Most men requested that I not attend. Although they knew that I had read the transcripts of their previous interviews and knew all about their sexual partnership histories, they expressed that they still did not feel comfortable discussing their sexual lives in front of a woman. In other cases, with both men and women, a participant initially said that it was alright if I attended the interview, but I left when it became apparent what a chilling affect my presence was having on the participant.

When I stayed, I tried to interrupt the flow of the interview as little as possible, although at times I was able to ask questions that likely would not have been asked had I not been there. (My knowledge of siSwati never developed beyond a handful of basic

words and phrases, but sometimes the participant would communicate partly in English, or my research assistant would translate more interesting parts of the interview, which allowed me to follow the general themes and ask questions.) I also feel that participants' stories became much more three-dimensional to me when I had had time to sit and observe the multitude of non-verbal attributes that can never be captured in a written transcript. I did observe at least part of an interview with each participant profiled in Manuscript Three (Mandla being the exception). In a few cases, all of them women, I felt that the participant enjoyed having me there and was not inhibited by my presence. On balance, however, I think it would have been a better choice not to try to sit in on interviews, but rather to show up for a few minutes at the beginning or end to greet and thank the participant, and gather what impressions I could of the person through that brief interaction.

Interviews with marriage counselors and counselees

In contrast to the life-course interviews, I performed approximately half of the interviews with marriage counselors and counselees, while the other half were performed by Ms. Mazibuko and Mr. Dlamini. I interviewed participants who preferred to be interviewed in English, whether male or female, and my research assistants interviewed the participants who preferred to be interviewed in siSwati. I came to these interviews as a married woman (this fact made obvious by the ring on my finger), and as someone who the participant could easily guess (and rightly so) was very supportive of the marriage counseling enterprise and how it might benefit couples. The fact that I was also a Christian (as was everyone I interviewed) and had also received marriage counseling myself, usually also came up during the interview. Sometimes I could tell that the

participant was trying to size me up. As an American, was I also a sincere Christian? Would I understand if they used Christian language or quoted Bible verses?

After doing a few interviews, I realized that it was much more culturally appropriate and useful for my rapport with the participant to simply tell the participant a bit about myself before beginning the interview. I introduced myself as a wife and mother, as a Christian in the Anglican tradition, and mentioned that my husband taught at a Bible school run by Zionists, the largest Christian denomination in Swaziland. When interviewing counselees, I often mentioned that my husband and I had received significant marriage counseling, and that I understood that marriage could be full of challenges. Such disclosure may have changed the story that participants told me, but I think it also closed much of the cultural gap between us and caused them to see me as "one of them" in a way that was helpful to the interview process.

I also believe that the fact that my research assistants were not married was in some cases an impediment to their interviews with counselors and counselees. My research assistants reported at times being asked by the participant if they were married, and where they went to church. I believe their answers to these questions likely affected how much the participant was willing to disclose. While in most cases I was satisfied with the interviews they performed with counselors and counselees, in one case I was dissatisfied enough with an interview with a female marriage counselor that I decided to re-interview her myself. I talked to this particular participant for hours, long after I ended the interview and turned off the audio recorder, and with tears of emotion on both our parts. I was amazed that this was the same woman whom I had assessed as being reticent and cold, based on the transcript of the first interview.

Data analysis and interpretation

Just as the process of data collection at times required flexibility and adjustment, so did the process of data analysis. The interviews and FGDs involved in this research produced well over 100 hours of audio recordings, and over 500,000 words of transcripts, to say nothing of hundreds of pages of field notes and memos. At times, the sheer amount of data seemed overwhelming, and because of the open-ended nature of the interviews, I realized I had far more themes and topics to write about than I had originally envisioned when outlining three papers in my dissertation proposal.

As I began analysis, I found that I was devising ways of managing and analyzing data that I had not included in my original data analysis plan, but which made abundant sense given the particulars of my data. Most importantly, I wrote a detailed memo about each participant in the life-course interviews and updated this memo after each subsequent interview. I found that this was critical in allowing me to easily reference the highlights of each participant's story, to note and attempt to reconcile inconsistencies in a participant's account, and most importantly to reflect on each participant's narrative as a whole and notice connections that I might not have, had I analyzed each interview separately.

I also constructed tables which quantified common experiences among participants. Some of these tables appear in the final manuscripts, but others served simply to help me examine my own perceptions and assumptions. For example, after reading and digesting participant's stories, I had the distinct impression that most had had quite unhappy childhoods. Quantifying how many participants had been abandoned by mothers or fathers, expressed negative emotions towards parents or caregivers, or described situations of abuse in their birth families helped me to interrogate my

assumptions about participants' childhood experiences. Discussing my assumptions and perceptions with my research assistants was also invaluable.

I did not code every line of interview and FGD transcripts, as I had originally planned. For some parts of my interviews, line-by-line coding seemed essential, while for other parts, writing memos seemed a much better way to organize and analyze information. My final codebook contained some 150 codes, but unless I was performing content analysis I generally spent very little time considering whether I was making the right choice in cases where a line of text might be coded in multiple ways. Had another researcher coded the same data, our inter-coder reliability might have been poor. I do not think that the fact that my coding was less than exhaustive negatively affected the quality of my research product.

I also found during analysis and writing that my focus was shifting from methods to outcomes, or to use Lincoln and Guba's constructs, from trustworthiness (Lincoln & Guba, 1985) to authenticity, with its components of fairness, evocation, and critical change (Lincoln & Guba, 1989). My goal in data analysis was not to definitively categorize every bit of data, but rather to identify broad themes that cut across the particulars of people's unique experiences, and that would "ring true" to those within the Swazi cultural context. Additionally, I wanted to transmit people's stories in ways that recognized the complexity of their behavior, motivations, and needs, and put a more human face on issues such as sexual concurrency. I also attempted to give readers of my work as much direct access to the data as possible, through the use of quotes and extended narratives. Ultimately, I aimed to generate new insights and theory that would be relevant and useful within the field of HIV prevention and couples research.

Member checking and dissemination of research to participants

Many research participants, particularly those who participated in life-course interviews, were understandably apprehensive about how their stories might be publicized or used. Although no participant denied permission to audio record the interview, some were nervous about who would hear the interviews, or if their interview would be aired on radio or published in the newspaper. Some participants expressed pride and satisfaction at the opportunity to contribute to research that might help others or help stop HIV, and one female participant asked quite directly why we were not asking more questions about HIV, as she believed it was a serious issue. Other participants, particularly men, displayed discomfort talking about sensitive subjects such as concurrent sexual partnerships or family history.

Given the sensitive nature of the topics discussed during life-course interviews, the research team was careful to remind participants throughout the research that participation was voluntary and to verify that consent was still given. We also sent each participant a copy of each research manuscript (unless they asked not receive it), with the abstract translated into siSwati. Participants were invited to contact us if they wanted any quote or anecdote pertaining to themselves omitted or changed, or if they had any other concerns about the research. None did so. We were particularly concerned that the four participants whose stories are narrated at length in Manuscript Three give consent to the use of their stories. The research assistants arranged private meetings with each of those participants to show them their narrative, verbally translating it from English into siSwati as necessary, and providing a written siSwati translation if requested (which one man did). Besides giving participants the opportunity to correct any factual errors, these

meetings gave them the chance to request changes to the narrative if they felt their anonymity was at risk. None of the participants requested any changes.

The topics in this research are complex and culturally sensitive. I have therefore made an effort to have Swazis read and give comments on my papers, before submission and publication. My research assistants have been the most important source of feedback and have been true co-researchers, as well as co-authors. I have also sought out other Swazi academics to give feedback on my work.

The marriage counselors and counselees that I interviewed in the Aim 3 research have been eager to know the results of that research. I am planning a workshop for December 2014 to disseminate those results to counselors and counselees who participated in the research, as well as my partner organizations (Acts of Faith and Marriage, Law, and Counseling Ministries) and others involved in marriage counseling in the country. The feedback I receive from that workshop will be incorporated into my interpretation and presentation of that research. Networks of marriage counselors in the country also hope to use this research to strengthen their efforts.

Ethics approval

This research was approved by the Institutional Review Board (IRB) of The Miriam Hospital in Providence, Rhode Island (Principal Investigator Dr. Timothy Flanigan, protocols 473055 and 447500), due to The Miriam Hospital's role as a funder of the project through an NIH T32 training fellowship. The research was initially reviewed by the Johns Hopkins School of Public Health IRB (Principal Investigator Dr. Pamela Surkan, protocols 3706 and 4604). After approval was granted by The Miriam Hospital IRB, the Johns Hopkins School of Public Health (JHSPH) IRB made a

designation that JHSPH and its faculty were “not engaged in research” and that as the research would be operating under the IRB approval from The Miriam Hospital IRB, the JHSPH IRB did not need to grant approval of the research. The research also received approval from the Scientific and Ethics Committee of the Swaziland Ministry of Health.

MANUSCRIPT ONE

LOVE, LUST, AND THE EMOTIONAL CONTEXT OF CONCURRENT SEXUAL PARTNERS AMONG YOUNG SWAZI ADULTS

Abstract

Men and women in Swaziland who are engaged in multiple or concurrent sexual partnerships, or who have sexual partners with concurrent partners, face a very high risk of HIV infection. Ninety-four in-depth interviews were conducted with 28 Swazi men and women (14 of each sex) between the ages of 20 and 39 in order to explore participants' sexual partnership histories, including motivations for sexual relationships which carried high HIV risk. Concurrency was normative, with most men and women having had at least one concurrent sexual partnership, and all women reporting having had at least one partner who had a concurrent partner. Men distinguished sexual partnerships that were just for sex from those that were considered to be "real relationships", while women represented the majority of their relationships, even those which included significant financial support, as being based on love. Besides being motivated by love, concurrent sexual partnerships were described as motivated by a lack of sexual satisfaction, a desire for emotional support and/or as a means to exact revenge against a cheating partner. Social and structural factors were also found to play a role in creating an enabling environment for high-risk sexual partnerships, and these factors included social pressure and norms, a lack of socialtrust, poverty and a desire for material goods, and geographical separation of partners.

Introduction

Multiple and concurrent sexual partnerships have been implicated in the spread of HIV in Swaziland (NERCHA, 2009), which has the highest HIV prevalence of any country in the world (Bicego et al., 2013). The 2006/7 Demographic and Health Survey (DHS) measured HIV prevalence among adults 15 to 49 to be 26% (CSO & Macro International Inc., 2008). The subsequent 2011 Swaziland HIV Incidence Measurement Survey (SHIMS) found that prevalence had remained essentially unchanged (32% among adults 18 to 49), although HIV incidence had declined somewhat in younger age cohorts (Bicego et al., 2013). According to the SHIMS, annual HIV incidence peaks at 3.1% among men ages 30 to 34, and at 4.2% and 4.1% for women ages 20 to 24 and 35 to 39, respectively. HIV prevalence peaks at 47% for men ages 35-39 and 54% for women ages 30-34 (Ministry of Health, 2012).

Data on multiple sexual partnerships in Swaziland have yielded a somewhat inconsistent picture, and to our knowledge no research has directly measured concurrent (or overlapping) sexual partnerships. In the 2006/7 Demographic and Health Survey (DHS), 2.3% of women and 21.4% of men reported having two or more sexual partners in the past year, among adults ages 20 to 39 who had ever had sex. A series of national cluster surveys among young adults 18-29 found that multiple partnerships declined between 2002 and 2008, with the 2008 survey showing that 15% of women and 49% of men who reported at least one sexual partner in the past 12 months reported multiple partners in the past 12 months (Cockcroft et al., 2010). Data from the 2006/7 DHS suggest that both men and women are likely to bring HIV into a primary partnership. Among couples surveyed, in 9% of couples the woman only was infected, in 8% of

couples the man only was infected, and in a further 29% of couples both partners were infected (CSO & Macro International Inc., 2008).

Multiple and concurrent sexual partnerships may be driven by structural factors such as poverty or short or long-term migration, social-level factors such as societal norms that support concurrency, and individual-level factors ranging from emotional states to alcohol dependency. Men and women from across southern Africa have reported being motivated to engage in multiple and concurrent sexual partnerships by desires for material goods, alcohol consumption, and sexual satisfaction, with social pressure and norms heavily influencing the formation of these partnerships (Hunter, 2010; Leclerc-Madlala, 2003; Mah & Maughan-Brown, 2013; Nkwe & Limwane, 2007; W. M. Parker et al., 2007). Other research from the region has shown migration and geographical separation of partners to be associated with higher risk of concurrency and HIV infection (Cassels, Manhart, Jenness, & Morris, 2013; Lurie, 2006). Available data suggest that many Swazi adults in their 20s and 30s are not engaged in stable and exclusive sexual partnerships but rather engage in shorter-term, unstable, and often concurrent sexual partnerships (NERCHA, 2009; 2011). Rates of marriage are low, with only 42% of women and 28% of men ages 20-39 having ever married according to the 2006/7 DHS.[3] Being unmarried has been shown to be associated with higher HIV incidence for Swazi women (Ministry of Health, 2012).

HIV prevention efforts in Swaziland have targeted multiple and concurrent sexual partnerships and the socio-cultural context in which these partnerships occur, including a high-profile 2006 campaign which used the slogan ‘Your secret lover (*makhwapheni*) can

[3] Calculation made using datasets available at measuredhs.com.

kill you' (Cockcroft et al., 2010). This campaign coincided with a 50% decline from 2005 to 2006 in the percentage of sexually active young men (18 to 29 years) who reported multiple partners in the past month, from 35% to 16%. Yet HIV incidence in Swaziland and across the region remains high, and to date there is little evidence that HIV prevention efforts have had significant, lasting impact on high-risk patterns of multi-partnering (Soul City Institute, 2013). In the face of few signs that cultural norms surrounding multiple and concurrent partnerships are changing, anthropologist Suzanne Leclerc-Madlala has called for "an understanding of how people conceptualise the role and meaning of multiple and concurrent relationships in their lives" as a basis for more effective HIV prevention (Leclerc-Madlala, 2009, p. 104).

The goal of this research is to describe how young Swazi adults understand their own motivations in sexual partnerships, particularly partnerships which carry significant HIV risk, and to ground these narratives in their actual life experiences and relationship decisions using a life-course perspective. A life-course may be defined as "a sequence of socially defined events and roles that the individual enacts over time" (Giele & Elder, 1998, p. 22). Adopting a life-course perspective allows for analysis of a person's life experiences within structural, social, and cultural contexts. This research focuses on answering two central questions:

1) How do young Swazi adults describe their motivations for engaging in sexual partnerships, particularly sexual partnerships which carry a high risk of HIV?

2) What social and structural factors provide an enabling environment for these motivations?

In this research we conceptualize that a person is at high risk of HIV if he or she has multiple sexual partnerships, concurrent sexual partnerships, or has a partner with concurrent sexual partners. Epidemiological evidence from Swaziland shows a clear increase in HIV risk with increasing number of sexual partners (CSO & Macro International Inc., 2008; Ministry of Health, 2012). While mathematical modeling shows that concurrency can exponentially increase the size of an epidemic (Morris & Kretzschmar, 1997), the role of concurrency in HIV transmission and epidemic dynamics has been debated (Epstein & Morris, 2011; Lurie & Rosenthal, 2009; Mah & Shelton, 2011; Sawers & Stillwagon, 2010). Due to the fact that concurrency theoretically elevates one's risk of transmitting but not acquiring HIV, we would expect to see a relationship between individual HIV risk and partner's concurrency (Epstein & Morris, 2011). Having a sexual partner that one believes has other (concurrent) sexual partners has been associated with increased HIV risk for Tanzanian women (Landman et al., 2008; Msuya et al., 2006) and Ugandan men and women (Guwatudde et al., 2009), but not South African women (Jewkes & Dunkle, 2010). Having a husband who reports having extra-spousal partnerships has been found to not be predictive of HIV status for Ugandan women (Kasamba, Sully, Weiss, Baisley, & Maher, 2011). Nevertheless, it is clear that having a sexual partner who has other sexual partners places one at risk of HIV infection originating from those other partners, and that the possibility of sequential (and highly infectious) acute infections may increase this risk (Mah & Shelton, 2011). Although this research explored sexual partnerships without regard to their level of HIV risk, this paper will focus on motivations for sexual partnerships which carry a heightened risk of HIV according to the epidemiological understanding described above.

Methods

We conducted 94 in-depth interviews with 28 Swazi men and women between the ages of 20 and 39 years (46 interviews with 14 Swazi men and 48 interviews with 14 Swazi women) to obtain a life-course perspective on their sexual relationships. Participants were interviewed three to four times each, over a period of several weeks to several months between July 2013 and February 2014, with each interview lasting from 30 to 90 minutes. Interviews were performed by same-gender Swazi researchers (who were between the ages of 25 and 35) in siSwati or in a mix of siSwati and English.

Participants were recruited from a shopping center in central Mbabane, the capital of Swaziland, on Saturday mornings, after this venue was identified as one that would be frequented by Swazis of diverse backgrounds and socio-economic strata. Participants were eligible to participate if they were between the ages of 20 and 39, ever had had sex, and were willing to talk openly about their lives, particularly about sexual partnerships. Beyond these criteria, the study sought to recruit men and women who were diverse in terms of age, socio-economic status, education level, and marital status. After a first wave of recruitment yielded participants who were primarily in their 20s and unmarried, a second wave of recruitment purposively sampled men and women who were in their 30s, and married or living with a partner.

The in-depth interviews were conducted as follows, using a semi-structured interview guide. In the first interview, participants were asked about their family background in an effort to build rapport with the participant before inquiring about more sensitive topics, and also to gain context about the participant's life. In the second interview, participants were asked to discuss their sexual partnership history, including

the circumstances of each sexual partnership and their motivations and expectations for that partnership. This interview often required two sessions, depending on the number of sexual partners a participant reported and was willing to discuss. In the third interview, participants were asked to describe what they considered to be a good relationship as well as their level of satisfaction with their current relationship.

Interviews were audio recorded, transcribed verbatim, and translated into English. Data were analysed in NVivo 10 by the first author using codes developed iteratively through multiple readings of the interviews. The overall process of data analysis was conducted collaboratively through discussions amongst the study team to identify and describe themes and discuss interpretations. The first author also made extensive use of memoing, including memos about emergent themes and memos to summarize and analyse the life story of each participant. The memos summarizing each participant's life story were also coded. Interviews were iterative, in that later interviews allowed the interviewers to explore themes mentioned in earlier interviews, seek clarification, and resolve discrepancies in the participant's story.

Drawing from methods in Grounded Theory (Charmaz, 2006; Glaser & Strauss, 1967), data were analysed inductively in order to generate a conceptual model which linked individual-level, social and structural factors to sexual behaviors (using emic understandings), and behaviors to HIV risk (using epidemiologically-derived, etic understandings). The study was approved by the Institutional Review Board of The Miriam Hospital (Providence, Rhode Island) and the Scientific and Ethics Committee of the Ministry of Health in Swaziland.

Findings

The 28 participants were diverse in terms of socio-cultural and demographic characteristics (Table 3). Participants reported education ranging from no formal education to university (tertiary) education. Although all participants were recruited in central Mbabane, some lived as much as 50 kilometers from Mbabane. Participants resided in both rural and urban areas as well as in informally planned peri-urban neighborhoods known as "locations." Five women and three men were unemployed, two men were students, and the remaining participants worked in a variety of professions ranging from unskilled labor to professional occupations. With the exception of one woman, all participants were in a current sexual relationship, although approximately half of participants (seven men and eight women) were neither married nor living with their partners. Three participants had separated from spouses or been widowed (not shown in Table 3).

Table 3: Demographic characteristics of participants

	Men (N = 14)	Women (N = 14)
Age (mean, range)	30.1, 22 - 37	29.0, 21 - 39
Education level		
Primary or less	2 (14%)	1 (7%)
Secondary	9 (64%)	10 (71%)
Tertiary	3 (21%)	3 (21%)
Current relationship or marital status		
Single	0 (0%)	1 (7%)
In a relationship (not cohabiting)	7 (50%)	8 (57%)
Cohabiting	4 (29%)	2 (14%)
Married	3 (21%)	3 (21%)
Place of residence		
Urban	4 (29%)	3 (21%)
Peri-urban	3 (21%)	6 (43%)
Rural	7 (50%)	5 (36%)

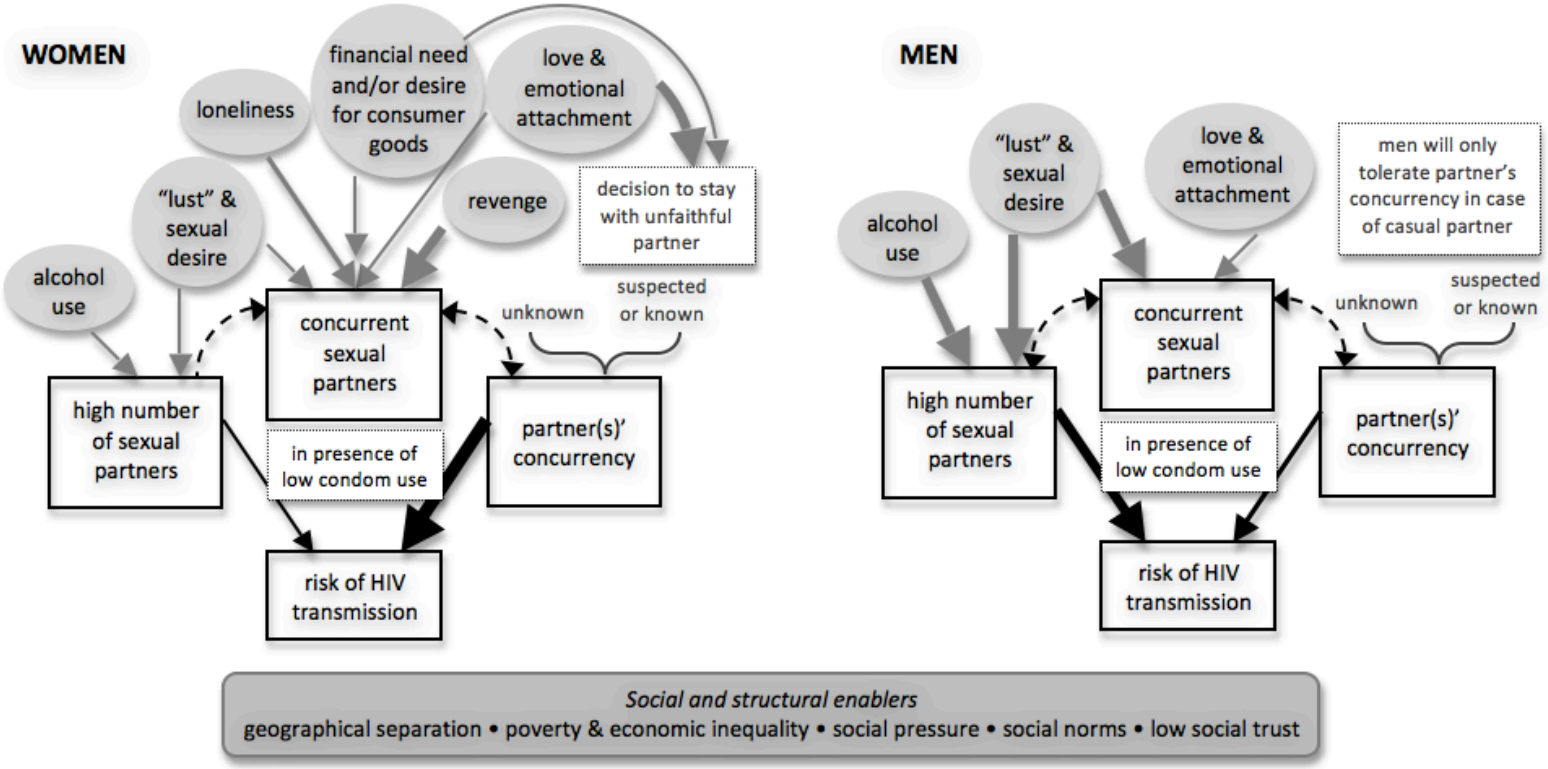

Figure 5: Conceptual models of men's and women's motivations for high-risk sexual partnerships

While the participants in this research reported diverse circumstances and motivations for sexual partnerships, several broad patterns emerged, which are summarized in the conceptual models in Figure 5 ("Conceptual Models of Men's and Women's Motivations for High-Risk Sexual Partnerships"). Figure 5 presents separate models for men and women. Both men and women reported personal-level motivations (shown in circles or ovals) for having high numbers of sexual partners, concurrent sexual partners, or partnerships with a partner who had concurrent sexual partners. The arrows between these high-risk behaviors signify the relationships between them. For example, people with high numbers of partners also often reported having concurrent partners (and for men, vice-versa). Participants whose partners had concurrent partners more often reported having concurrent partnerships themselves (reciprocal concurrency). In the presence of low condom use, having a high number of sexual partners or a partner with concurrent partners leads to a heightened risk of HIV transmission. Finally, a number of social and structural factors were described as creating an enabling environment for sexual behaviors which carried a high risk of HIV transmission.

High-risk sexual partnerships

Men reported much higher numbers of partners than did women, although five men reported having only one lifetime sexual partner. Women most commonly reported having between two and four lifetime sexual partners, and all women reported at least two lifetime sexual partners, whereas the men who reported more than one lifetime sexual partner generally reported ten or more lifetime partners (Table 4).

Table 4: Reported lifetime number of sexual partners

	Men (N = 14)	Women (N = 14)
1	5 (36%)	0 (0%)
2-4	1 (7%)	11 (79%)
5-9	2 (14%)	2 (14%)
10-19	2 (14%)	1 (7%)
20-29	2 (14%)	0 (0%)
30+	2 (14%)	0 (0%)

Most women reported an exact number of sexual partners, even if in some cases they were unwilling to discuss every partnership. Men who reported more than one partner, on the other hand, could often only give estimates of their lifetime number of sexual partners. Participants often appeared uncomfortable or expressed reluctance when talking about high numbers of sexual partners or concurrent sexual partners, and men sometimes refused to answer questions about concurrency or lifetime number of sexual partners. All sexual partnerships reported in this research were heterosexual.

A majority of men and women (eight men and ten women) reported having had a concurrent sexual partnership, while three men and five women reported in at least one interview that they currently had concurrent partners. Every woman, and eight men, reported having had a partner who had had a concurrent sexual partnership (Table 5). Men and women who reported concurrent partners often said that their partners also had concurrent partners. Comparison of men's reports to women's reports revealed that women reported male concurrency as being more common than did the men in this study when reporting on their own behavior. Six of the 14 men in this study reported that they had never had concurrent partnerships, whereas all women reported having at least one

male sexual partner who had had concurrent sexual partners, and several women reported that *all* of their sexual partners had had concurrent partners during the relationship.

Table 5: Concurrency and partner's concurrency

	Men (N = 14)	Women (N = 14)
Ever concurrency:		
Reported ever having had two sexual partners at the same time	8 (57%)	10 (71%)
Current concurrency:		
Reported currently having two sexual partners at the same time	3 (21%)	5 (36%)
Partner's concurrency:		
Reported ever having a partner who had another sexual partner at the same time	8 (57%)	14 (100%)

Many participants recognized that they were at risk of sexually transmitted infections, including HIV, either through their own behavior or the behavior of their partners. Some participants reported using condoms to mitigate this risk, although condoms were more often mentioned as a means of avoiding pregnancy. Most participants reported that they did not use condoms consistently, particularly in more established relationships or in sexual encounters which involved alcohol.

Love and lust

Men who reported multiple and concurrent sexual partnerships reported a distinction between partnerships based purely on sexual desire, and relationships which they referred to as "real relationships" (*budlelwane sibili*) or "straight relationships" (*budlelwane lobucondzile*) which involved love and emotional attachment. Several men

in their early and mid-20s reported frequenting drinking establishments and having sex with women they met there, in casual, alcohol-fueled, and frequently one-time encounters. In other cases, men in their 20s had casual sexual relationships with friends, relationships that did not carry the expectation of monogamy. Men often declined to describe in detail these more casual partnerships, while they were willing to talk about "real relationships." Men in their 30s and in long-term relationships explained that talking about other sexual partners (past or present) was not proper now that they were in a relationship with a woman with whom they had children, or intended to marry.

Women repeatedly used the word "lust" (*kuhawukela*) to refer to men's motivations in sexual partnerships, and like men distinguished between partnerships based on love and those based on lust. Notably, men never used the worst "lust" about their sexual partnerships, although they did not deny seeking sex with women they did not love, often under false pretenses. One man in his 30s stated, *'I have had girlfriends that I just tell them that I am in love with them just because I want to have sex with them.'* Both men's and women's accounts indicated that men were much more likely to have partnerships based on lust, although woman occasionally described being motivated by lust. One woman in her 20s described a sexual partnership by saying, '*I wouldn't say it was a relationship because we would see each other at the pub and he would buy me drinks… It was lust, that's all.'* Women nearly universally described their relationships as being based on love. Men and women described love-based relationships using terms such as "being in love" (*ngamutsandza*) or "true love" (*lutsandvo lona*), and spoke often of loving a partner and telling him or her of that love.

Emotional needs and emotional ties

Men and women also discussed other emotional motivations for sexual partnerships, such as feeling lonely and desiring companionship. One woman, who didn't see her main partner as often as she wished because he was working in another town, said that her secret lover "filled that space" left by her main partner. Several women also reported feeling lonely, even when they were living with a partner, because their partners spent leisure time with friends at drinking establishments rather than at home. In one case this was a contributing factor to a woman acquiring a second partner, and many women mentioned strongly disliking their partner's habit of spending time and money drinking alcohol with friends. One woman in her 20s remarked,

> *'If my boyfriend is in a good mood then it's obvious that I will not need [my secret lover]. But if [my boyfriend] is gone with his friends [at a bar] or we had a fight then I will need to see [my secret lover].'*

Some women viewed having two or more relationships as a kind of emotional insurance. If one partner was unavailable or one relationship was going through a difficult time, there were other partners that one could rely on to meet emotional and sexual needs. One woman in her 20s explained:

> *I think if I'm heartbroken, that's why I'm doing this [having more than one boyfriend at a time]… I'm trying to find a serious relationship, that's why I mix them to see the right person for me, then I'll choose one person that I want… My steady boyfriend is not able to do some things for me so when I'm with these others I feel great and loved… Even when I have a problem they're able to listen and comfort me like if maybe I need a shoulder to cry on and he doesn't do that as well, if you have many boyfriends one of them will give you the shoulder to cry on.*

Relationship problems, especially lack of sexual satisfaction, were believed to contribute to concurrent sexual partnerships. One woman in her 20s said, *'People start having these extra relationships because they are having problems with their partners*

which they can't work out.' Another woman in her 20s commented, *'If my sexual relationship with my partner is not good, and if my partner does not satisfy me sexually, it can make it easy for me to have sex with my ex-boyfriend.'*

Men and women sometimes reported being in love with more than one person at one time, or facing the temptation (*uyalingeka*) of a new sexual partner when they were already in a relationship. One woman in her 20s said*, 'It's just the experience that you can love another while you have a person you are in love with.'* Many men and women seemed to retain emotional ties and sexual attraction to previous partners, particularly if that person was someone with whom they had a child. Relationships were frequently disrupted but not really ended when one partner moved away. If the couple had occasion to see each other, they might easily resume a sexual relationship even if one or both had since acquired other partners. Co-parents were brought together not only by emotional ties but also by the practical demands of sharing guardianship of a child, and by the frequent need for the mother to collect child support payments from the father. In some cases, a woman was obligated to spend the night with a child's father, and have sex with him, in order to collect her monthly child support payment.

Another common pattern was for men and women to hold onto an existing relationship until they were sure a new relationship would work out, and prove better than the old relationship. This commonly led to the two relationships overlapping for a period of months. The new partner often knew about the old partner, or assumed that his or her new sexual partner must have a pre-existing relationship. This situation is described by the Swazi saying 'you always get a person from another person' (*umuntfu umutfola kulomunye*). Women often expressed resenting this situation, complaining about

having to share their partner's time and money with another woman. In the words of one woman in her 20s:

> *He should have ended things with me first before starting another relationship. He should have told me that things between me and you are over… He can't have time for both of us. Maybe I need him at 7 and the other girl needs him at the same time. Then how will he manage?*

Another woman in her 20s admitted she had not ended an old relationship before starting a new one:

> *Just because I don't know the new boyfriend yet, I can't end my [old] relationship yet. Just in case the new one is making me do things I don't like, it can be easy to carry on with my [old] relationship.*

Infidelity, reciprocal concurrency, and revenge

When discussing a partner's infidelity, participants expressed strong emotions, and women often cried as they recounted their experiences. In presenting these findings we have chosen to use language such as "infidelity" and "cheated" to more accurately convey the emic perspective of participants. Participants used a siSwati term meaning to not be faithful (*akatsembeki*), and also used the English word "cheating." An important component of this emic perspective is that not all concurrency was considered to be morally equivalent. Certain types of openly acknowledged concurrency were not considered to be cheating or infidelity, while having a secret partner in a relationship that was assumed to be monogamous drew censure.

Conflict and violence, including physical violence directed at women, usually erupted in a relationship when an infidelity was suspected or discovered. Women reported feelings of deep hurt, anguish, jealousy and revenge when they discovered a partner's affair, and despair to the extent of wanting to end their lives. In describing these

situations, it was not uncommon for women to say things like, *'I trusted him'* or *'I was so surprised by his actions.'* While women freely acknowledged that infidelity was rife within their social networks, they had often believed their partnerships to be exceptions to the rule, involving true love and commitment. As one woman in her 30s said about a partner who had been repeatedly unfaithful, *'I expected him to love only me, no one else.'*

In many cases when a man was unfaithful, the man apologized and promised to end the affair, and in nearly all cases, whether the woman received such an apology or not, she chose to continue the partnership. Many women recounted stories of being cheated on repeatedly. They explained that they stayed with unfaithful partners because they had children together and did not want their children to grow up without a father, because they did not want to start a new relationship with someone else, or because they loved the unfaithful partner and hoped he would change. Financial motivations were not mentioned directly as a motivation for remaining in relationships with partners who had been unfaithful, although women were often supported financially by their unfaithful partners. Some women did end relationships with unfaithful partners, sometimes only after years and multiple betrayals. Other women seemed not to want to know about a partner's infidelity, saying that they weren't sure if their partner was faithful even in the presence of evidence that would strongly seem to suggest that he was not (such as overnight visits from an ex-girlfriend).

Women who discovered a partner had cheated sometimes retaliated by taking a concurrent partner themselves. In the words of one woman in her 20s, *'So that is why I decided to cheat on him because he is also doing it… I wanted him to feel the same pain I was going through.'* Another woman, who was in her 30s, stated, *'I wanted to get*

revenge [kutibuyisela] as he was in another relationship while I was staying at his parental home and I was faithful… I had this heart which was crying and seeking out for revenge.' Reciprocal concurrency might also provide an emotional panacea for the hurt felt over infidelity, as for the woman in her 20s who said, '*Sometimes I feel happy like I won't feel hurt if [my partner] cheats on me because I know that I'm also cheating.'*

A few men reported also experiencing infidelity from a partner they loved and whom they believed to be faithful. Some of these men also felt deep hurt when betrayed, and several men refused to talk in detail about the experience as it was still such a painful memory. A notable difference between men and women, however, was that men universally refused to continue the relationship after discovering a partner they loved had been unfaithful.

In other cases a participant knew about a partner's concurrency and did not suffer emotionally over it, particularly when a woman knew her partner was already married, or in cases where partners seemed to have an agreement that their relationship would be non-exclusive. One man in his 20s explained,

> *I think after a while we told each other that yes, it was true love. The problem was I told her that I was dating another girl and she said she was aware, and then she revealed that she also has a boyfriend. We then agreed that we will continue having sex because we enjoyed each other's company. So it was a relationship that understood that there is another person in it. Even if she could see me with another person [a girlfriend] she would not feel any pain because we had already talked through the matter.*

Social and structural enablers for high-risk sexual relationships

Beside personal-level motivations such as the desire for sex or being in love, participants also described social and structural factors which created opportunity for, and influenced them towards, behaviors such as concurrent sexual partnerships. These factors

included negative social norms, social pressure and a pervasive lack of social trust, poverty and lack of material goods, and geographical distance between partners.

Most men and women agreed that casual sex, cheating, and short-term and unstable sexual relationships were common in their social environments, and that they had few if any role models of faithful relationships. While women feared gaining a bad reputation if they had too many sexual partners, men faced potential ridicule if they did not have multiple sexual partners. One man in his 20s said,

> *At the township we as the youth are unemployed, [and] hooked up to alcohol and drug usage. So there is nothing that we do except that we spend a lot of time in local bars and that is where we get these girls we have sex with… Even the elders at the location [peri-urban neighborhood] would tell you that you are not clever if you have one girlfriend. They do encourage us to have sex with a lot of girls just to belong to the crew.*

The high prevalence of concurrent sexual partnerships seemed to take a toll on social networks, with many participants reporting a lack of trust not only of sexual partners but also of others in their social networks. One woman in her 20s remarked,

> *Where I stay things are mixed up. Your friend is having an affair with your boyfriend. So you can't trust anyone and people don't respect other people's feelings. Someone will be having sex with your boyfriend whereas she is your friend.*

A number of participants said their partners had cheated on them with their friends, classmates, or family members, which created stress and conflict in those relationships. A social environment characterized by low levels of trust might be considered an enabler for concurrent sexual partnerships, if people feel that establishing trusting sexual relationships in such an environment is unrealistic.

Study participants typically did not live with their sexual partners, with couples often living apart either because they were both still living at their parental homes, or because they were employed in different locations. In such cases couples might only see each other on weekends, or even less often. Infrequent visits and geographical distance between partners thus created opportunity for other sexual partners, as it was relatively easy to hide the existence of another sexual partnership. Participants acknowledged that there might be a lot they did not know about their partner's life, such as the man in his 20s who said,

> *It is important [to me and my partner that we not have other sexual partners], yes, but you would never know because we do not stay together. Not that I suspect her, but I think you know girls in our days they need money to do their hair, to buy clothes, and I do not have a permanent job so it can happen.*

Relationships universally included the exchange of gifts and money (more often from men to women, but also at times from women to men), and the lines between transactional sex and non-transactional sex were often unclear. Men and women acknowledged the existence of certain codes of conduct, such as that if a woman accepted gifts from a man, particularly alcohol in a bar setting, she would be expected to give sex in return. Several men portrayed women as aggressively pursuing them if the women believed them to have money, with one man in his 20s saying, '*There is a saying at the location that girls can sense a person who has money [bayamuva umuntfu lonemali].'* Female participants agreed that women could be lured into relationships by the prospect of financial support. In the words of one woman in her 20s, *'Most women cheat because their boyfriends don't support them financially. So if a guy comes and gives you money then you will be tempted and you will end up cheating.'*

While women clearly believed that other women commonly entered sexual relationships for financial reasons, they rarely admitted that they themselves had these motivations in a sexual relationship. Most women spoke of loving partners who financially supported them, with gifts or financial support being seen as evidence of a partner's love rather than the reason for being in the relationship. Even women who admitted their motives were primarily financial said that over time they developed emotional attachment and love for their partners. One woman in her 20s admitted about a partner who supported her during a time of financial need, *'I can say money also contributed a lot that I fell in love with this guy,'* while also explaining that he met her emotional needs when she felt lonely. Another woman in her 20s revealed the way that motivations in a relationship could change, saying, *'When we started dating I didn't expect anything, it was just about his money, but as we continued with our relationship then I started to love him and I wished that he could marry me.'*

Proper behavior and prohibitions against concurrency

While most participants felt that concurrent sexual partnerships were very common, this does not mean that they agreed this was a good or acceptable way to act. Few women were comfortable with either their own concurrency or that of their partners. One woman in her 20s who acquired a secret lover in reaction to her main partner's infidelity called it a *'mistake'* and *'trying to solve a problem with a problem.'* Those men who reported concurrency and high numbers of sexual partners often expressed ambivalence about these behaviors, alternately speaking as if there was nothing wrong with their behavior, and expressing a desire to live differently. The following quote from a man in his 20s illustrates this dichotomy:

Participant: I used to have multiple partners at the same time. Even with my current girlfriend I used to cheat in the past. I am trying to be faithful now because I think I have tasted fun [besengibuvile bunandzi] and I am okay.

Interviewer: What do you mean when you say you have tasted fun?

Participant: I do not know, maybe that I have gone around and had sex anyhow and now it is time I have to look for the future, have the mother of my children and marry her… Currently I have one partner and I have limited having multiple partners but truly speaking I have not quit it completely.

Most participants expressed that monogamy was best, even if they themselves were not faithful to their partners. Several participants described a past or hoped for future trajectory from multiple partnering to monogamy, or even that they had adopted monogamy during the period they participated in the research study. The threat of sexually transmitted infections and especially HIV were repeatedly invoked as a reason to be faithful, and some participants reported having a long-standing commitment to faithfulness, in order to avoid HIV. A male participant in his 20s reported, *'Me and my girlfriend went out to a restaurant and we discussed faithfulness. We came up with an agreement that we should continue be faithful to each other to eliminate the chances of contracting HIV.'* Another male participant who was in his 30s had considered acquiring another partner when his partner was away for a length of time, but says he then *'came back to my senses that I am putting my family at risk in these times of HIV,'* and decided against the affair. A recently-married male participant reported having waited until he was married to have sex, and having been faithful to his wife, citing as reasons his Christian faith and a desire to avoid HIV infection.

Discussion

The findings from this research suggest that it is highly normative for young Swazi adults, both men and women, to have multiple and concurrent sexual partnerships,

and that women and sometimes men engage in sex with partners they know to have concurrent sexual partnerships. Many participants acknowledged that their behaviors were putting them at risk of HIV, but did not see these behaviors as being abnormal within their social context. Very high-risk patterns of sexual behavior, including both having multiple and concurrent partners and staying with an unfaithful partner, accompanied by inconsistent condom use, have become normalized to the extent that most participants did not seem to question those norms. To borrow Stoebenau and colleague's (2011, p. 12) observation about southern Africa, people "go on with their regular sex life" despite a very high risk of HIV acquisition, suggesting a normalization of HIV itself.

We also note the power of socialization and social norms in the way that men and women in this research espoused the view that women should be faithful to their sexual partners, while men's concurrency (rooted in a tradition of polygamy) was accepted and even condoned. This acceptance of men's multi-partnering was not universal, however, and some women and even men expressed the view that having multiple and concurrent sexual partnerships was not proper behavior for men or women. We note a difference between expressed descriptive norms (the behaviors that are believed to be prevalent within a social group) and injunctive norms (the behaviors that are believed to be proper or acceptable within a social group), a difference that has been described by other research of concurrency in southern Africa (Limaye, Babalola, Kennedy, & Kerrigan, 2013). Previous qualitative research in Swaziland has found that Swazis (with the exception of young men) feel that non-marital sexual partnerships are improper and

immoral, even while acknowledging that such partnerships are extremely common (NERCHA, 2011).

This paradox between actual and ideal behavior exists not only at a social level, but at an individual level. Men with multiple sexual partners were particularly likely to express ambivalence about their own sexual behaviors. This tension may be explained by what Siu and colleagues, in their research of Ugandan men, describe as competing forms of masculinity (Siu, Seeley, & Wight, 2013). Men may choose to pursue respectability (adhering to ideal behavior as defined by the wider society, such as marriage and sexual fidelity), or reputation (expressing a masculinity whose ideals are shaped by a male peer group, and values strength, toughness, and sexual prowess). In this research, some men chose to be faithful to their partners to avoid HIV infection, while others had large numbers of sexual partners to "belong to the crew." In fact, men may simultaneously pursue both respectability and reputation, leading to the kind of paradoxical statements about behavioral intentions that were seen in this research.

This study supports previous research in southern Africa which has found that men and women often report loving one "main" partner, and having sex without love with other secondary (and concurrent) partners (Parker et al., 2007). Similarly, many of the motivations for concurrency reported in this research have been reported elsewhere, including financial gain (Harrison & O'Sullivan, 2010; Mah & Maughan-Brown, 2013; NERCHA, 2011; Nkwe & Limwane, 2007; Tawfik & Watkins, 2007; Tomori et al., 2013), conflicts in a relationship (Nkwe and Limwane, 2007; Tomori et al., 2013), desire for revenge (Nkwe and Limwane, 2007; Tawfik and Watkins, 2007; NERCHA, 2011), and alcohol use (Mah & Maughan-Brown, 2013; Nkwe & Limwane, 2007; Tomori et al.,

2013; Townsend et al., 2011). This study adds to this literature by further exploring the emotional aspects of concurrent sexual relationships, including both motivations for concurrency and emotional responses to a partner's concurrency, and the links between these (as in the case of reciprocal concurrency).

While previous research on concurrent sexual partnerships has tended to emphasize the exchange of material goods as a motivating factor for such relationships, in our data needs for emotional insurance and assurance were discussed with more depth, nuance and frequency than were material exchanges. While gifts and money were often exchanged within sexual relationships, women in particular described these as proof or signifiers of love, insisting that love and not the gifts motivated the sexual relationship. In only a few cases did women name other motivations, such as the desire for money, gifts, or alcohol. Previous research on transactional sex has typically portrayed women as either victims driven by economic necessity (Tomori et al., 2013; Wojcicki, 2002), or agents actively trying to extract resources from men (Cole, 2004; Groes-Green, Christian, 2013; Hunter, 2002; Silberschmidt & Rasch, 2001). Anthropologist Mark Hunter has offered a more nuanced view of the links between economic support and love in South Africa by introducing the concept of "provider love", and asking us to "take more seriously young South Africans' assertions that their intimate relationships are, at some level, about love, without dismissing the material realities of life" (Hunter, 2010, p. 16). Anthropologist Christian Groes-Green similarly argues, based on work in Mozambique, that the exchange of sex and money "traverses every intimate relationship, whether it is momentary and strategic, as in sex work, or steady and long-term, as in marriage" (2013, p. 114).

It is not easy to untangle emotional from economic incentives, but this research suggests that women understood, or at least chose to represent, their motivations most often to be about love. This finding echoes those of Stoebenau and colleagues, who concluded in their analysis of transactional sexual relationships in Madagascar, Lesotho, and South Africa that "love was the overwhelming narrative for describing the motivation for gift-exchange in the context of sexual relationships" (Stoebenau et al., 2011, p. 6). Stoebenau and colleagues also suggest that women may shape these narratives in ways that are socially desirable, which we recognize as a very real possibility in this research. By describing their relationships as based on love and not material exchange, women in this research may have been choosing to distance themselves from transactional sex, and present their motivations in ways that they felt were more acceptable to themselves and the interviewer.

This research relied on rich qualitative data from multiple in-depth interviews with a small number of participants. Such an approach has strengths as well as limitations. Repeated interviews allowed for the building of rapport between interviewer and participant, often leading to greater willingness on the part of the participant to freely discuss his or her life story, as well as allowing the researchers to record changes in a participant's sexual relationships over the course of the interviews. We felt that women in this study were generally more willing to talk candidly, even about painful subjects, than were men. Men may have been less willing to report both their own and their partners' concurrency due to the stigma associated with having concurrent sexual partnerships, and the shame associated with having a partner cheat. We particularly questioned whether five of the fourteen men in this research could have had only one lifetime sexual partner,

as this was not consistent with data from the 2006/7 DHS that only 10.4% of men 20-39 report one lifetime sexual partner, or with the accounts given by women in this study about men's sexual behavior. While we found two men's claims to have had mutually faithful relationships credible based on the fact that they were highly religious or still quite young, the research team, including the Swazi interviewers, had doubts about the veracity of the other three men's claims.

Notably, this research did not reinforce the conclusion of previous researchers in the region, that women tend to under-report while men tend to over-report number of sexual partners (Nnko, Boerma, Urassa, Mwaluko, & Zaba, 2004). While we have no way to verify the accounts of men or women, the female interviewers generally felt that women were being forthright about their sexual partnerships. Furthermore, while the four men who reported 20 or more lifetime sexual partners may have been over-reporting, we do not feel this is likely, given the fact that they were generally reluctant to report such a high number of sexual partners rather than eager to boast. Men who were in their 30s were particularly reluctant to divulge high numbers of sexual partners and other behavior (past or present) that they did not feel to be proper. They may have felt it was improper to discuss such behaviors with the male interviewer, who was in his 20s and thus not perceived to be an age-mate. Nevertheless, several men in their 30s did report high numbers of sexual partners.

These concerns notwithstanding, this research may have elicited more accurate data than those that are gathered by close-ended questionnaires about sexual behavior, such as those carried out by DHS and other large surveys. Although our sample was small and not intended to be generalizable, comparison of our findings to DHS data

suggests that men may be more likely to report high numbers of sexual partners in repeated, in-depth interviews such as those conducted in this study. Four of the fourteen men in this study reported 20 or more sexual partners whereas only 5% of men ages 20-39 surveyed by the 2006/7 DHS did so. Women's reports in this research corresponded more closely to data collected by DHS. In the 2006/7 DHS, 90.6% of women ages 20-39 reported having four or fewer lifetime partners, while eleven of fourteen women in this study reported having four or fewer lifetime partners.

This research also had the advantage of gathering information about *partners'* concurrency, which has typically not been measured in most studies of concurrency. Thus we can frame participants' risk in terms of both their own sexual behaviors and their partners' sexual behaviors, which is more epidemiologically accurate and sheds light on the broader circumstances surrounding individuals' decisions about sexual behavior. While we relied on participants for information about their partners' concurrency, we believe that these reports were generally credible. Many participants reported firm evidence of their partners' concurrency, such as finding a partner in bed with another person, confronting the other sexual partner, or having a partner verbally confirm having another partner. If participants were misinformed about their partners' behaviors, it is likely that their reports under-estimated rather than over-estimated partners' concurrency.

Due to the small sample size and nature of recruitment, participants in this study are not intended to be representative of young Swazi adults as a whole, and the conclusions presented in this article therefore may not be transferrable to other groups, within Swaziland or elsewhere. We do note that many themes that emerged in this

research have also been reported among young adults in other regions of Swaziland and southern Africa, suggesting the presence of some shared sexual norms across the region.

Conclusion

Few observers of the HIV epidemic in Swaziland would deny the urgent need for a deeper understanding of the context of sexual relationships, particularly concurrent and other high-risk sexual partnerships. While well-recognized social and structural factors influence and constrain individual's behavior, our study suggests that the decisions that young Swazi adults make about sexual behaviors are also profoundly emotional in nature. Men in particular may seek sex out of "lust", without emotional attachments, but both men and women describe relationships as being motivated by emotions, especially love. While most if not all sexual relationships involve exchanges of gifts or money, women frequently choose to represent even those relationships which involve substantial financial support as being about love. HIV prevention efforts in this context may benefit from greater consideration of the emotional underpinnings and motivations of relationships, particularly motivations such as revenge or a quest for love and emotional attachment which may lead people to make decisions which increase their risk for HIV.

Acknowledgments

This manuscript was supported by a training grant awarded by the National Institute on Drug Abuse to The Miriam Hospital (Grant Number T32DA13911), and by a grant from The New Paradigm Fund. Besides the two interviewers included as authors (LD and NM), Cynthia Vilakati also carried out interviews. We thank Sarah Dalglish, Tsega Gebreyesus, Rebecca Fielding-Miller, Shannon McMahon, Melissa Poulsen, and Fortunate Zwane for reading drafts and providing insightful comments. Finally, our sincere thanks to the Swazi men and women who were willing to participate in this study and share their stories.

MANUSCRIPT TWO

THE ANATOMY OF COUPLE RELATIONSHIPS:

RELATIONSHIP SATISFACTION AND RELATIONSHIP QUALITY

AMONG SWAZI ADULTS

Abstract

The quality of a person's relationships with sexual partners and the level of satisfaction he or she feels in these relationships have well-established links to mental, emotional, and physical health. Relationship quality and satisfaction may also impact sexual behaviors and partnership dynamics, which in turn may affect risk of HIV and other sexually transmitted infections. Fourteen Swazi men and 14 Swazi women between the ages of 20 and 39 discussed the quality of their sexual relationships through 117 in-depth interviews (with three to five interviews per participant), and 13 men and 20 women discussed the quality of sexual relationships in Swaziland in four focus group discussions. In addition, we conducted 31 in-depth interviews with 17 marriage counselors and 12 men and women who had been counseled by marriage counselors to address the goals and experience of marriage counseling, including themes of relationship satisfaction and quality. Love, respect, honesty, trust, communication, sexual satisfaction, and sexual faithfulness emerged as the most important characteristics of good relationships, with both men and women emphasizing love and respect as being most important. While both men and women aspired to have relationships characterized by such qualities, their accounts of their own relationships (including relationship challenges observed over the course of research) suggested threats to the quality of their relationships, particularly in the areas of trust, honesty, and sexual faithfulness. Nearly all men reported that they were satisfied with their relationships. Women were more likely to discuss relationship problems and in a few cases reported very low satisfaction with their relationships. Similarities between the aspects of good relationships described in this research and dimensions of relationship quality identified in other sociocultural contexts

suggests that certain aspects of couple relationships may be shared across cultures. Other relationship constructs, particularly respect, may be more salient in an African context.

Introduction

Relationship status, relationship quality, and health

Psychologist Miodrag Popovic writes that "close and desired sexual and social relationships appear crucial to people's happiness, functioning and health" (Popovic, 2005, p. 35). Such a view is substantiated by a wealth of empirical data demonstrating the linkages between intimate sexual relationships (particularly marriage) and health and well-being. Decades of research in the United States and Europe have examined the effect of marriage on health and established that married men and women generally have better health and lower mortality than the never-married, divorced, widowed, or separated (Berkson, 1962; Ross, Mirowsky, & Goldsteen, 1990; Verbrugge, 1979). Marriage may provide "protection" when individuals encounter stressful life events and health problems, and married individuals may be more likely to practice healthy behaviors (Ren, 1997). Marriage also affects health through increasing financial resources, while dissolution of marriage creates financial vulnerability, especially for women (Drefahl, 2012).

A recent meta-analysis of 93 studies from the United States and Europe found a positive relationship between marital quality and various aspects of personal well-being: self-esteem, life satisfaction, global happiness, physical health, and lack of depressive symptoms (Proulx, Helms, & Buehler, 2007). Married people have been found to be happier (Lee, Seccombe, & Shehan, 1991) and report higher subjective well-being than the unmarried (Haring-Hidore, Stock, Okun, & Witter, 1985), and marital satisfaction has been found to be associated with life satisfaction and happiness (Carr, Freedman, Cornman, & Schwarz, 2014). A review of research from 19 countries (mainly North

American and European) found a positive relationship between marriage and psychological well-being that held true across countries, while also noting the lack of data on marital status and psychological well-being from countries outside Western Europe and North America (Mastekaasa, 1994).

Research has also established that the benefits of marriage are dependent on relationship quality (O. Cohen, Geron, & Farchi, 2009; Gove, Hughes, & Style, 1983), with conflict and low satisfaction in marriages being correlated with poor health (Ren, 1997; Renne, 1971; Whitson & El-Sheikh, 2003). Marital strain has been shown to negatively affect cardiovascular, endocrine, and immune functions, which may impact susceptibility to infectious disease (Robles & Kiecolt-Glaser, 2003). Further research has also explored the health of non-married cohabiting individuals and yielded differing conclusions on whether the health benefits of marriage extend to cohabiting couples (S. L. Brown, Bulanda, & Lee, 2005; Drefahl, 2012; Koskinen, Joutsenniemi, Martelin, & Martikainen, 2007; Marcussen, 2005; Ren, 1997).

Relationship quality, health, and HIV prevention in Africa

The robustness of the research from North America and Europe suggests that connections between intimate relationships and health are probably common among human beings, although very little research on intimate relationship quality and health has been done in developing world settings, including Africa. The quality of couple relationships in Africa has received some recognition as a cross-cutting issue that influences many aspects of health, including sexual and reproductive health, HIV risk, and experience of intimate partner violence. Existing literature from Africa almost exclusively explores relationship quality in the context of family planning decisions

(Cox, Hindin, Otupiri, & Larsen-Reindorf, 2013), uptake and experience of HIV testing and counseling (Darbes, 2009; Maman, Mbwambo, Hogan, Kilonzo, & Sweat, 2001; Tabana et al., 2013), domestic violence (Gage & Hutchinson, 2006), and HIV risk behaviors (Chimbiri, 2007; Higgins et al., 2014; Kwena, Mwanzo, Bukusi, Achiro, & Shisanya, 2014). Relationship factors including decision-making and communication patterns have been identified as critical determinants of whether men and women seek HIV testing and disclose results to partners (Darbes, 2009; Maman et al., 2001), as well as whether women experience negative reactions to disclosure such as violence (Maman et al., 2001). Furthermore, HIV prevention strategies such as couples' HIV counseling and testing (CHCT) may actually strain relationships if HIV infection is discovered and relationship quality is already poor. A high rate of relationship dissolution has been found among sero-discordant couples following testing in Kenya (Mackelprang et al., 2013). A qualitative study of the psychosocial impact of CHCT one to two years later found that CHCT had affected couples both positive and negatively, depending in part on the underlying quality and level of trust of the couple's relationship. The authors concluded that "interventions to increase gender equity, improve trust, partner communication and other couple relationship dynamics such as sexual intimacy are urgently needed" (Tabana et al., 2013, p. 7). The HTPN 052 trial established that early treatment for the HIV-infected partner could almost eliminate the risk of HIV transmission within sero-discordant couples (M. S. Cohen et al., 2011) but also included couples counseling as part of the study protocol (Moreau, 2003).

Research in Malawi has identified marital problems which influence men and women to have extra-marital partners, including lack of financial support from husbands

(Chimbiri, 2007) and lack of sexual satisfaction for men and women (Chimbiri, 2007; Tawfik & Watkins, 2007). An innovative "qualitative case-control" study in Uganda found that compared to HIV-negative individuals, HIV-infected individuals, whether or not they were aware of their status, had poorer-quality relationships characterized by deficient communication (including about HIV prevention, testing, and status) and greater suspicion and mistrust (including not being sure if one's partner had other sexual partners) (Higgins et al., 2014). Tanzanians reported in focus group discussions (FGDs) that lack of emotional and sexual satisfaction contributed to men and women seeking concurrent sexual partners, while lack of financial support from primary partners also motivated women to seek other partners (Cox et al., 2014).

A small number of studies have used psychometric scales from the field of psychology to measure relationship quality and how it relates to social well-being as well as health behaviors in African populations. The reliability of relationship quality scales developed in the United States has been found to be good among South African university students (Pretorius, 1997) and in a South African semi-rural colored population (Lesch & Engelbrecht, 2008). Cox and colleagues used scales measuring commitment, trust, and communication to assess relationship quality in Ghana and found that reported relationship quality was high for men and women, and level of relationship satisfaction was correlated with use and type of contraception (Cox et al., 2013). In Kenya, Kwena and colleagues (2014) assessed sexual satisfaction and mutuality in relationships among married couples in fishing communities, and found that sexual concurrency was more likely among couples who reported low marital sexual satisfaction (specifically, men being denied sex).

Such findings suggest that increased satisfaction in sexual relationships might reduce multiple and concurrent partnerships, and risk of HIV and other sexually transmitted infections. Increased relationship quality may also contribute positively to other important behaviors such as family planning, seeking HIV testing and counseling, disclosing HIV status to sexual partners, and treatment adherence among those who are HIV positive, and may also contribute to reduced conflict and violence within relationships. Couple-based HIV prevention may have benefits including encouraging couples to disclose outside partners or other HIV risk factors, and providing an environment in which couples can strengthen communication skills and discuss gender differences (El-Bassel & Wechsberg, 2012). Unfortunately, HIV prevention interventions for couples, including CHCT, treatment and adherence support for sero-discordant couples, and risk reduction counseling, are often discussed without any attention to strengthening couple relationships (Medley et al., 2013), despite the fact that the quality of a couple's relationship must influence the success of any couple-based intervention.

To date, couple-centered HIV prevention has not been implemented on a large scale (Desgrées-du-Loû & Orne-Gliemann, 2008) and has been "slow to move beyond couples' voluntary counseling and testing" (El-Bassel & Wechsberg, 2012). A 2008 systematic review of couple-focused HIV prevention interventions noted the need to expand behavioral prevention approaches from an individual level to address partner-level dynamics including "gender roles, power imbalances, communication styles, child-bearing intentions, and quality of relationship issues (e.g. commitment, satisfaction, intimacy)" (Burton, Darbes, & Operario, 2008, p. 1). A later meta-analysis of 29 couple-based behavioral interventions to reduce HIV, primarily in the U.S. and Africa,

concluded that such interventions were successful in increasing condom use and decreasing sexual concurrency (LaCroix, Pellowski, Lennon, & Johnson, 2013).

Unfortunately, to date few research activities or programmatic interventions have gone beyond the "silos" of CHCT or prevention of intimate partner violence to address the broader, underlying challenge of helping couple relationships to function better. Two trials are currently underway in South Africa to evaluate the impact of providing relationship-strengthening activities to couples prior to CHCT. Project Connect offers young couples in inner-city Johannesburg seven sessions addressing HIV, risk behaviors, gender dynamics, and communication skills (Pettifor et al., 2014). Couples found the intervention acceptable and reported learning communication and problem-solving skills (Pettifor et al., 2014), although their adoption of HIV prevention strategies (namely condom use and CHCT) was threatened by pervasive lack of trust and suspicions of infidelity (L. Parker, Pettifor, Maman, Sibeko, & MacPhail, 2014).

A second program known as Uthando Lwethu ('our love') is currently being evaluated in a randomized controlled trial to investigate if CHCT and condom use are increased among couples in rural KwaZulu-Natal who first attend 6 relationship counseling sessions before being offered CHCT (Darbes et al., 2014). Preliminary research noted that "VCT [voluntary counseling and testing] counselors who see couples are overwhelmed by the needs expressed by couples, which reach far beyond the training and scope of a couples-based VCT session," and that couples expressed a strong interest in interventions in which they could learn from other couples and strengthen their communication skills (Center for AIDS Prevention Studies (CAPS), 2009, p. 43). These two trials illustrate promising ways in which public health interventions might broaden

their scope to address the underlying relationship dynamics which create health risks for men and women across a broad range of specific health concerns.

HIV and couple relationships in Swaziland

Swaziland has the highest HIV prevalence of any country in the world (Bicego et al., 2013). Among adults, HIV prevalence is 26% (CSO & Macro International Inc., 2008) and HIV is primarily spread through heterosexual sex (NERCHA, 2009). Multiple and concurrent partnerships may increase the spread of HIV in such an epidemic context (Morris & Kretzschmar, 1997), and previous research in Swaziland has identified such high-risk partnerships as normative (NERCHA, 2011). The most recent Swaziland Demographic and Health Survey found that although most adults were involved in one or more sexual partnerships, only a minority were cohabiting or married (CSO & Macro International Inc., 2008). Among women ages 20-39, 38% were married and 12% were living with a partner, while among men ages 20-39, 26% were married and 9% were living with a partner.[4] Polygamy was relatively rare, with only 4% of urban men and 7% of rural men reported having more than one wife (CSO & Macro International Inc., 2008). Marriage has been found to be protective against HIV in Swaziland (Ministry of Health, 2012) and South Africa (Shisana et al., 2014).

Research aims and theoretical perspectives

The goal of this research was to qualitatively investigate relationship satisfaction and quality among Swazi young adults. Pursuant to this goal, this research posed the following questions:

[4] Calculation made using datasets available at measuredhs.com.

- How is a "good relationship" defined? Are there common characteristics of a "good relationship" agreed upon by most or all people? How do people rank these characteristics, and which are most important? Does this differ between men and women or by type of relationship (e.g. married vs. cohabiting)?
- How satisfied are people with their relationships? How and to what degree do they experience in their relationships the characteristics they define as being part of a "good relationship"?

This research addresses the related concepts of relationship satisfaction and relationship quality. According to Lawrence and colleagues, there has been a lack of consensus among psychologists over the definitions of, and differences between, relationship satisfaction and relationship quality (Lawrence, Brock, Barry, Langer, & Bunde, 2008). In this paper, relationship satisfaction is understood as a one-dimensional construct referring to a general feeling of happiness or satisfaction in a relationship (Lawrence et al., 2008). Relationship quality encompasses a number of different dimensions (Lawrence et al., 2008), which might include conflict management, support, sex, and emotional intimacy. Relationship quality has been conceptualized as contributing to relationship satisfaction and stability (Cohan & Bradbury, 1997; Lawrence et al., 2008). The difference between these two constructs was demonstrated by Lawrence and colleagues in a study which found that relationship quality did not necessarily correspond to overall relationship satisfaction among young dating and married couples in the U.S. (Lawrence et al., 2008). Depending on an individual's expectations for a relationship, he or she might feel high satisfaction with a low-quality relationship, or vice-versa.

Rather than pre-determining the dimensions of relationship quality, this study aimed to gain an emic understanding of how Swazis themselves conceptualize their relationships and their degree of satisfaction in those relationships. Furthermore, it was hypothesized that greater relationship quality and satisfaction would contribute to greater relationship stability. In this study, we focused on couple-level factors, namely relationship satisfaction and quality. While we recognize the influence exerted by social, cultural, and structural factors on couples and their relationships, our goal was to generate a deeper understanding of couple-level factors, especially given the paucity of research on this subject among African couples.

Methods

In-depth interviews and focus group discussions

We conducted 117 in-depth, life-course interviews with 28 Swazi men and women between the ages of 20 and 39 years who had ever engaged in a sexual relationship (58 interviews with 14 Swazi men and 59 interviews with 14 Swazi women). Participants were interviewed three to five times each, in siSwati or a mixture of siSwati and English, with interviews lasting up to 90 minutes each. Interviews took place over a period of 1 to 13 months, between July 2013 and September 2014, and were iterative, allowing for exploration of themes in subsequent interviews based on emerging theory or data from earlier interviews, and followed a life-course approach.

Most participants in these life-course interviews participated in one additional interview after the 94 interviews described in Manuscript One, 4 to 10 months after the previous interview, to ask about any changes in their sexual partnerships. The total interview time for these life-course interviews was between two and four hours per

participant. After approximately 80 hours of interviews for the 28 life-course interview participants, it was felt that saturation had been reached on the topics of interest to this study.

Nineteen women participated in two FGDs (13 women in one and 6 women in the other), and 13 men participated in two FGDs (7 men in one and 6 men in the other) between September 2013 and March 2014 (overlapping with the in-depth interviews). Participants were recruited from shopping centers or outdoor spaces in central Mbabane, the capital of Swaziland, and asked to go to the FGD location at a later time if they would like to participate. The only inclusion criterion was being between the ages of 20 and 39. Each FGD lasted between an hour and a half and two hours and was conducted in siSwati by same-gender Swazi researchers with a Swazi research assistant acting as a note-taker.

Participants in these life-course interviews and FGDs were asked about relationship quality using the following questions: *What things make a good relationship? How should a man treat a woman? How should a woman treat a man? What things make you [or a man or woman] want to stay with a partner?* (See Appendices A and C for a full list of questions.) Participants in the life-course interviews were then asked whether these characteristics were present in their current relationship, and were asked these additional questions to assess their relationship satisfaction: *How satisfied do you feel with your current relationship? Do you think being in this relationship improves your life? If you could change one thing about your relationship, what would it be?* (See Appendices A and C for a full list of questions.) Content analysis (Brenner, 1985) was utilized to assess how often participants in the life-course interviews mentioned various relationship characteristics.

Ranking of relationship characteristics

The transcripts of the first two FGDs (one with men, one with women) were coded to elicit the relationship characteristics most commonly discussed, and a list of 15 relationship characteristics was generated for use in a ranking exercise. The 14 men and 14 women who participated in life-course interviews were asked to rank these relationship characteristics by their importance to a relationship. Each relationship characteristic was written on a small card (with the English word on one side and the siSwati word on the other side), and the participant was asked to briefly describe each characteristic (to verify that he or she had read and understood the written words) and then arrange these cards on a flat surface from greatest to least importance. The interviewer then recorded responses, with the most important characteristic given a value of one, the second most important characteristic given a value of two, and so on. Data were input into ANTHROPAC 4.98 (Analytic Technologies, Lexington, Kentucky, USA), which generated for each characteristic a measure of salience (based on frequency and rank) known as Smith's S (Quinlan, 2005). In this case, as each characteristic was mentioned with the same frequency, each Smith's S was equal simply to that item's average rank across participants.

Interviews with marriage counselors and clients

As part of a related study on the work of community-based marriage counselors in Swaziland, 19 in-depth interviews were conducted with 17 marriage counselors (including 5 who were trainers of other counselors), and 12 interviews were conducted with 12 married men and women who had been counseled by these counselors (counselees). Counselors were recruited through two Swazi faith-based organizations,

both based in Manzini, which were involved in training marriage counselors, and were selected with the goal of including counselors who were diverse in terms of age, gender, and occupation (as all performed counseling on a volunteer basis and had other occupations). Two married couples were interviewed, as both spouses were counselors, so that four counselors had spouses who were also interviewed. Counselors were asked to refer two individuals or couples that they had counseled, and counselees (individuals or couples) were randomly selected from the list of provided names. Four married couples were interviewed, so that eight counselees had spouses who were also interviewed. Wives and husbands were interviewed separately, for both counselors and counselees. These interviews were conducted in and around Mbabane and Manzini, Swaziland.

Interviews were carried out in siSwati by Swazi researchers (21 interviews), or in English by me (10 interviews), according to the language preference of the research participant. Interviews were held in private locations using a semi-structured interview guide, and they lasted from half an hour to two hours. Second interviews were conducted in two cases to further clarify and explain topics raised during the initial interviews. Counselors were asked to describe their training and work, including specific examples of couples they had counseled. Counselees were asked to describe their experiences being counseled, including what circumstances had caused them to seek counseling and whether they felt they had benefitted from counseling. Although counselors and counselees were not asked the same direct questions about relationship quality and satisfaction asked in the other interviews, they repeatedly addressed themes of relationships quality and satisfaction, and thus data from these interviews are included in this analysis.

Analysis

Interviews and FGDs were audio recorded, transcribed verbatim, and translated into English if necessary. Interviewers and FGD note-takers wrote memos describing their observations about the interview or FGD and participant(s) immediately after each interview. Following practices of Grounded Theory (Charmaz, 2006; Glaser & Strauss, 1967), I used memos to explore emerging themes and summarize and analyze the life story of each life-course interview participant, noting areas of inconsistency or contradiction. Data were coded, including transcripts and memos, with open and axial codes (Creswell, 2007) developed iteratively through multiple readings of the data, and using NVivo 10 (QSR International, Doncaster, Victoria, Australia). The overall process of data analysis was conducted collaboratively through discussions among the study team to identify and describe themes and discuss interpretations. I also followed a Grounded Theory approach in that I intentionally did not conduct a literature review of relationship quality and relationship satisfaction until after data analysis was completed.

Ethics approval

The study was approved by the Institutional Review Board of The Miriam Hospital (Providence, Rhode Island) and the Scientific and Ethics Committee of the Ministry of Health in Swaziland.

Findings

The education level, marital status, and rural or urban residence of participants in this research are described in Table 6. When asked about marital or relationship status, most FGD participants indicated only whether or not they were married and did not give

information on cohabitation and relationship status, and thus FGD participants are classified only as married or not married. Participants in the life-course interviews will be described throughout this paper as either married, cohabiting, single, or partnered if in a relationship but not cohabiting. All of the marriage counselors had been married, although four were currently widowed or separated. The marriage counselors were primarily in their 40s and 50s, with an average age of 55. All counselors engaged in counseling on a volunteer basis and reported other professions, and a majority of counselors (two women and seven men) were also pastors. Counselors were in general highly educated, with eleven reporting tertiary education. The counselees were primarily in their 30s, with an average age of 39, and all were married. Counselees were diverse in terms of socioeconomic background and reported professions ranging from nursing and banking to domestic work and manual labor.

Table 6: Demographic characteristics of participants

	Life-course interview participants (N = 28)	Focus group discussion participants (N = 32)	Marriage counselors & trainers (N = 17)	Marriage counselees (N = 12)
Women (%)	14 (50)	19 (59)	8 (47)	6 (50)
Men (%)	14 (50)	13 (41)	9 (53)	6 (50)
Age*: range, mean	21-39, 30.5	20-39, 28.3	36-80, 55.0	28-56, 38.6
Education level (%)				
Primary or less	3 (11)	—	1 (6)	1 (8)
Secondary	19 (68)	—	7 (41)	7 (58)
Tertiary	6 (21)	—	9 (53)	4 (33)
Current relationship or marital status* (%)				
Single	1 (4)	25[†] (78)	4 (31)	0 (0)
Partnered (not cohabiting)	15 (54)	—	—	0 (0)
Cohabiting	6 (21)	—	—	0 (0)
Married	6 (21)	7 (22)	13 (69)	12 (100)
Length in years of current relationship*: range, mean	<1-12, 4.4[‡]	—	—	2-16, 6.8
Place of residence* (%)				
Urban	7 (25)	—	—	—
Peri-urban	9 (32)	—	—	—
Rural	12 (43)	—	—	—

* at beginning of research

[†] unmarried (not known whether single, in a relationship, or cohabiting)

[‡] excludes life-course interview participant who was single; for participants currently in concurrent partnerships, length of main relationship was used in calculation

Table 7: Average rank of relationship characteristics

	Average rank (N = 28)	Women (N = 14)	Men (N = 14)	Married (N = 6)	Unmarried (N = 22)
love	2.9	4.0	1.7	5.0	2.3
respect	4.0	3.9	4.0	4.5	3.8
honesty	4.1	4.4	3.8	5.2	3.8
trust	5.1	6.0	4.2	5.3	5.1
good communication	6.1	6.9	5.4	7.0	5.9
shared spiritual life	8.1	6.3	10.0	5.7	8.8
conflict resolution	8.4	8.4	8.3	6.0	9.0
saying "I love you"	8.9	8.3	9.6	8.8	9.0
sexual satisfaction	9.0	10.1	7.9	9.2	8.9
sexual faithfulness	9.1	9.7	8.4	8.7	9.2
spending time together	9.3	8.4	10.2	11.0	8.8
financial support	9.3	8.2	10.4	9.8	9.2
physical attraction	11.3	12.2	10.3	12.0	11.1
practical service	12.0	11.3	12.7	11.3	12.2
physical affection	12.5	11.9	13.1	10.5	13.1

Note: Lower numbers denote greater rank and importance.

The 28 participants in the life-course interviews ranked 15 relationship characteristics by their importance to an intimate relationship, with lower numbers denoting a higher ranking and greater importance. The results are presented in Table 7. Ten of 14 women ranked love as the most important characteristic, while 6 of 14 men ranked love as most important and an additional 6 men ranked love as second in importance. Love received the highest average rank among all respondents (2.9), and was ranked higher by men (average rank 1.7) than by women (4.0) (Table 7). Love, respect, honesty, trust, were the top ranked relationship characteristics for both men and women,

and for both married and unmarried individuals, while good communication was ranked fifth overall and among men and unmarried individuals. Most other characteristics were also ranked very similarly among all sub-groups. Women and married individuals ranked "shared spiritual life" as being more important than did men and unmarried individuals, and married individuals ranked conflict resolution more highly than did unmarried individuals. Men ranked sexual satisfaction more highly than did women, while women ranked financial support more highly than did men.

Several characteristics were notable for being described as very important by some participants and as not at all important by other participants (and ranked accordingly), even among participants of the same gender. Physical affection was felt by some participants to be very important, while others felt it was not at all important or even that expressing public affection (such as by holding hands) was improper. There was a similar lack of consensus about praying and attending church together ("shared spiritual life"), physical attraction, and financial support.

When asked to describe what makes a good relationship, participants in the life-course interviews most often mentioned the characteristics of love, respect, honesty, trust, communication, sexual satisfaction, and sexual faithfulness. Five of these characteristics were the same ones that were ranked as most important in the ranking exercise. The remaining two characteristics, sexual faithfulness and satisfaction, received significant attention in the life-course interviews, as well as in the FGDs and interviews with marriage counselors and counselees.

Content analysis was performed to determine how many times participants in the life-course interviews mentioned the seven characteristics shown in Table 8 as being

important within the context of their intimate relationships, or mentioned these characteristics being demonstrated in their own relationships. As can be seen in Table 8, love and respect were most frequently mentioned. In response to the question, *What makes a good relationship?*, love was the characteristic most frequently mentioned. Respect was most frequently mentioned in response to questions about how men should treat women and how women should treat men within a relationship. Responses for men and women were remarkably similar, suggesting that men and women ascribed similar importance to these relationship characteristics.

Table 8: Frequency of mention of relationship characteristics in life-course interviews

	Women (N = 14)	Men (N = 14)
love	102	90
respect	94	74
sexual faithfulness	46	65
good communication	48	45
honesty	30	32
trust	27	31
sexual satisfaction	20	15

When asked how a woman should treat a man, most female participants in the life-course interviews (11 of 14) first discussed respect, submission, or doing what a male partner wanted (using phrases such as, *"she has to do everything she is told to do by him"*). Notably, no woman mentioned love as her first response, whereas 5 of 14 male participants in the life-course interviews first mentioned love when asked how a woman should treat a man. Another common response to this question, mentioned by five men

and four women in the life-course interviews, was that women should perform domestic chores such as cooking and doing laundry.

When asked in the life-course interviews how a man should treat a woman, the most common (and often first) reply given by women was respect, although in answering this question most men's first response was that men should treat women with love. Several women did give as their first response that men should take care of women or treat them well. A married woman in her 30s said in a life-course interview that a man should take care of a woman very carefully, *"like an egg"* (*angiphatsise kwelicandza*).

Love

Love (*lutsandvo*) was the most discussed characteristic of intimate relationships in the life-course interviews, and was also frequently discussed in the FGDs and interviews with counselors and counselees. Participants described love as foundational and essential to a relationship, as something they needed, and as the origin of a number of other relationship characteristics including honesty, trust, respect, sexual fidelity, and good communication. One woman in her 20s (partnered) said that *"love is the foundation"* of her relationship, while a man in his 20s (partnered) said, *"first is love, then love will bear all other fruits…faithfulness, caring for your loved one, trust, and most importantly respect."*

In contrast, the accounts of some women in long-term relationships were notable for the fact that they did not discuss love between themselves and their partners, and for occasional cynicism regarding love. One woman reflected,

> *I used to have it [love] and now I do not know how to explain it because I don't have it… Is there such a thing as love? You know you will think that people they love each other and they are Christians but then the next thing you will see the*

> *husband with another lady [being unfaithful]… So I don't know whether there is such a thing as love. (30s, married, life-course interview)*

Women who did not feel they had experienced love in their relationships were clear about their desire for it, as the woman in her 20s and not in a serious relationship who said in a life-course interview, *"I wish to get a person who will love me… He must show that he truly loves me, because there are many ways to show a lady that you truly love her besides having sex with her."* Women also felt that not every man who professed love could be trusted, and one woman (cohabiting, 20s, life-course interview) expressed a common sentiment when she said, *"[Love] is a word most males use to get in bed with you, and I'm talking from my experience."*

Women and men repeatedly stated that love should be shown through actions. Women emphasized in the life-course interviews and FGDs that men should show love through gifts, financial support, providing for children, sexual fidelity, verbal affirmation of their love, and not keeping secrets. One woman (30s, partnered, life-course interview) stated, *"I think love should be accompanied by actions, because you can tell me that you love me whereas you just love my beauty."* Another woman (20s, married, life-course interview) related, *"I can say that [my husband] loves me and I can see that… because he provides me with everything I need."* Men emphasized the importance of women showing love through tasks such as cooking, doing laundry, and caring for them in other practical ways. A cohabiting man in his 30s expressed in a life-course interview, *"I feel loved every day, she cooks delicious meals every day, she is supportive and I always wear a clean work suit every day."*

Both men and women felt that taking steps towards marriage demonstrated love. Such steps included formal introductions to the other's family or men paying the

traditional fine (called "damages") assessed when a woman was impregnated before marriage. Men and women also agreed that being honest and not having concurrent partners was a sign of love. One woman in her 30s said that her boyfriend had stopped having concurrent partners, concluding, *"Now I know that [he] loves me."* Men agreed that faithfulness was a sign of love.

> *Okay, if I say a man should love his wife I mean that a man should show his wife that he loves her… women are quick to see that they are still loved… I can say [love] is the most important characteristic out of all the others. I love my wife very much [and] that is why I have to be honest, I have to be faithful and the rest. (man, 30s, married, life-course interview)*

Respect

Love and respect (*inhlonipho*) were often mentioned in tandem, and a number of counselees and participants in the life-course interviews described having relationships of mutual love and respect. Some participants asserted that respect was the most important aspect of a relationship. Participants often mentioned the importance of learning respect during childhood, and one man (20s, partnered, life-course interview) said, *"Respect is our Swazi way of life… respect is the key to every relationship."* Participants valued the way that their partners showed them respect by including them in decision making, learning about and honoring their desires and preferences, and taking care of their needs. A cohabiting man in his 30s said in a life-course interview, *"I respect [my partner] in every way…. Now that we are old, we are able to communicate everything with respect. When she has a problem she comes to me and we discuss everything as a family."*

There was a strong gendered dimension to how respect was discussed by men and women. Respect was often defined (by both genders) as women submitting to men's wishes, sometimes using phrases such as that the man is the woman's "earthly king."

Respect could be invoked to legitimate clear gender inequities regarding such issues as division of household labor or sexual double standards, or to justify a code of silence around male infidelity and other relationship problems. Several women described in life-course interviews their mother's patient endurance of a husband's infidelity, abuse, or financial instability, and one woman expressed admiration for her mother for not discussing her marital problems with others. Men seemed to have a very low tolerance for disrespectful behavior, while it was evident that some women put up with a serious lack of respect in their relationships. One man (30s, cohabiting) commented in a life-course interview:

> *I think that there is no man that can want to stay with a partner that does not respect him. Men who are not happy in their marriages or relationships are the ones that are not respected by their women. The whole community would sometimes see that your woman does not respect you… You sometimes find a woman shouting at her man in public, sometimes you find a man doing his laundry and the woman washing hers and for the children. That is not respect.*

Some men and women also argued for the importance of men showing women respect by not engaging in behaviors to which their female partners objected, most notably staying out late at night drinking alcohol, having other sexual partners, and not telling their female partners their whereabouts. In one men's FGD, a disagreement arose over whether a man had a right to expect his wife to cook for him when he came home after a late night drinking at a bar, thus showing him respect, or whether he should respect her by not staying out late. In the same FGD, a man in his 30s expressed, *"There is need for respecting each other but that respect should not be one-sided, meaning that you as a husband should not expect your wife to respect you, yet you do not respect her as your wife."* Another man agreed, *"It is important that we respect our wives because if*

we do they will give us the love back." In another FGD, women disagreed over whether men should always have their way in a relationship.

> *Facilitator: So what do you think makes a man to stay in a relationship and have you and only you as his wife?*
>
> *Participant 1: I think it is that he has to get everything he is supposed to get the way he wants it.*
>
> *Participant 2: I don't agree with you on that. I am not married to [my partner], he is my boyfriend so I can't do everything he wants me to do. I think we have to have limits, so that he can know my boundaries.*

Like love, respect was also strongly linked to the concept of sexual faithfulness, with a number of participants stating that being faithful was proof of respect or that respect was lacking when someone was unfaithful in a relationship. One man explained (20s, partnered, life-course interview): *"Everything you do in a relationship should show that you respect each other. If you decide to cheat, it means you do not respect your partner."* In fact, this man was one of several who was cheating on his partner while verbally affirming the importance of faithfulness.

Honesty and trust

Participants expressed a very high opinion of the importance of honesty (*kwetsembeka*) and trust (*kutsembana*), while many also admitted that their relationships were characterized by a high degree of secrecy and distrust. While participants typically expressed confidence in the fact that their partners loved them, they were often less sure if their partners were being completely honest or trustworthy. One man (20s, partnered, life-course interview) stated, *"Some people out there say it is simple to love but difficult to trust a person."* Trust and honesty were mentioned somewhat interchangeably and were described as not keeping secrets from each other, sharing money, and not having

secret sexual partners. Honesty was called the "same" as being faithful, and a means of "protecting your family" from the threat of HIV. Trust was variously seen as being crucial to love *("love without trust is incomplete"*) and as being an impossible expectation (*"a human being cannot be trusted"*).

Letting one's partner know one's whereabouts was a particularly important form of trust. Participants in this research often lived apart from their sexual partners, which created opportunity for secret sexual affairs. One female FGD participant described the lack of trust in her relationship by saying, *"Even now we still don't trust each other. He doesn't know that I'm in Mbabane and I don't know where he is."* In contrast, sharing information and giving one's partner free access to one's home signified that one had nothing to hide.

> *I gave him my love and respect and I am honest with him and he knows that. I told him that he can come at any time at my place and I make sure that I tell him my whereabouts when I need to go somewhere. (woman, 30s, partnered, life-course interview)*

Participants also repeatedly mentioned that giving one's partner access to one's cell phone was a sign of trust.

> *Interviewer: Now that you are answering his phone what does it mean to your relationship?*
>
> *Participant: It means that he has changed because you can't allow me to answer your phone knowing very well that you are hiding or doing something you don't want me to know about. So I think that this is his way of trying to show me that he is now faithful. (woman, 30s, partnered, life-course interview)*

In life-course interviews, women often reported loving partners they admitted they didn't trust completely, whereas men were more likely to say that if a relationship did not have honesty and trust, it could not last. One woman (partnered, in her 20s, life-course interview) claimed that her partner "told [her] all of his secrets," then later in the

same interview stated that she would "give him 95% for the trust and the 5% I just don't trust him." Unfortunately, she discovered weeks later that he had a secret lover. Another woman said:

> *I would love to change the way we treat each other so that we trust each other… I told myself that there is no need to worry myself and wonder what he's doing and there is no need for him to be wondering where I am at all times. (woman, 20s, cohabiting, life-course interview)*

Some female participants in the life-course interviews described a kind of reciprocal distrust in which they decided that their partner's lack of honesty was grounds for them not to be honest and trustworthy, and even reciprocated sexual infidelity if their partner was sexually unfaithful. One woman who was involved in concurrent sexual partnerships admitted, *"It's important to trust each other, but I'm failing to do that."* She also described how difficult it was for her to trust her partner, saying, *"If he tells me that today he'll come [home] late from work, I just say he's fooling [deceiving] me because there's nothing that I trust."* She had decided not to "take to heart" thoughts of what he might be doing that she didn't know about, as she might be "sick" if she knew what he was doing. Another woman with concurrent partners (20s, partnered) admitted in a life-course interview:

> *Sometimes I'm not honest because I also don't know what [my partner] is busy with. It's difficult to trust because a person can change. It takes some time to deeply trust a person. Every person has secrets. I can come and say, "This person is like this," yet I do not know. But it is important to trust each other and be honest.*

In contrast, some participants expressed that they had mutual trust in their relationships, as the woman in a FGD who described a relationship by saying, *"I trusted him and he trusted me and even before the trust he was my friend."* Counselees were particularly likely to describe having relationships of mutual trust, which is perhaps due

to the fact that getting married and seeking marriage counseling were steps that required and likely increased trust.

Communication

Participants in the life-course interviews discussed the many functions that communication (*kubhobokelana*) served in their relationships, including informing each other of personal likes and dislikes (enabling them to respect each other's preferences), sharing opinions, making sexual desires known, resolving conflicts and apologizing after wrongdoing, communicating love and appreciation, and making decisions and plans together. Several women mentioned communication as being the most important part of a relationship. Women were particularly likely to mention the importance of having their partners listen to them and give advice and emotional support during difficult times, while several men said that their wives or girlfriends were trusted partners in making decisions or solving problems they faced in life. One man (30s, cohabiting) voiced his satisfaction in a life-course interview by saying, *"I have a partner that I share my problems with, she gives me good advice, and there is a person that tells me 'I love you' every day."*

Men and women were both concerned with women communicating respectfully, and several men and women said that if women did not communicate respectfully, such as by shouting, this might cause a man to leave the relationship or be unfaithful. A woman explained in a FGD that *"too much talking drives a man away"* while a man (30s, cohabiting) stated in a life-course interview that *"if [a woman] shouts the relationship will never last because the man will not tolerate such behavior."* One woman recounted in a FGD the importance of women communicating respectfully when

their partners were angry or cross, rather than starting an argument or jumping to conclusions such as that the partner was having an affair. Another woman in the FGD agreed that it was a woman's job to relieve her partner's stress, and rather than waiting for him to relate to her lovingly she should tell him, *"I love you, my love for you is as big as a bus!"* Men in one FGD also discussed the importance of talking to their partners gently during a conflict, and not shouting.

Some participants denied that they experienced conflict in their relationship, and others seemed to be concerned with avoiding or minimizing conflict, using statements such as *"where there is good communication there will be no conflict."* However, other participants reported serious communication difficulties. One woman reported that she and her partner had in the past had the habit of ignoring each other for weeks or months when a conflict erupted, but had decided since living together that they could no longer continue this pattern. Several other women reported patterns of physical abuse and violence during conflicts, suggesting that there was very little positive communication occurring when a conflict arose. Some participants stated that the main challenge faced in their relationship was lack of communication. One woman (30s, partnered, life-course interview) was particularly insistent about the value of communication, as she blamed her partner's past infidelities on a lack of good communication in their relationship.

> *He left me for another person because we didn't communicate… We had problems but we never talked about it, we just kept quiet, even if he did something bad… [My sister] suggested that I should try to talk with him to find out his problem, to find out his reasons for doing whatever wrong thing he did… I can say that he took my advice because now I see the difference, he is no longer the same as before… The best thing in our relationship is that now we are able to communicate. Now we have our quality time… [My sister's intervention] helped him and he says, "I almost lost something precious, a good wife."*

Many participants expressed a desire for help in learning to communicate better, and several participants reported having sought advice from family members, counselors, or friends. One woman (30s) who had received marriage counseling spoke of the way that counseling had helped her learn to communicate, saying, *"I am reserved. But the counselor helped me realize that there was nothing like that in marriage. We have to communicate, in every way."* Another woman described the difficulties she experienced with communication, as well as the stakes involved.

> *I would like to know how can we work on communicating better and resolving our problems without having an argument or fighting… We have to be faithful and learn to communicate as most relationships have this problem and then people they start having these extra relationships because they are having problems with their partners which they can't work out. (woman, 20s, partnered, life-course interview)*

As expressed in the quote above, problems with communication undergirded many other relationship difficulties, including lack of sexual satisfaction, lack of financial support, and infidelity. A cohabiting man (30s) expressed in a life-course interview, *"Sexual satisfaction is important because if you do not satisfy your partner, what do you expect her to do. It is important that you talk about such issues with your partner."* Some women also discussed the importance of communication about sex. One woman (30s, married) said in a life-course interview that if a woman was unsatisfied she should tell her partner to "do it again," while a female counselee (30s) stated that a woman should not wait for her husband to ask her to have sex, but should *"be free and tell him that [she] wants to make love."* Numerous participants discussed the financial stress and distrust that arose when a couple did not share information about finances, with a woman often assuming when money was tight that her partner was actually supporting a secret lover. Open communication, including disclosing incomes and budgeting together, eased

these tensions and caused women to be understanding when money was tight as they no longer feared that household resources were being diverted to an ulterior use.

Sexual faithfulness and sexual satisfaction

While sexual faithfulness (*kwetsembeka kutelicansi*) and sexual satisfaction (*kunetiseka ngelicansi*) were not ranked as being among the most important characteristics to a relationship by participants in the life-course interviews, they were mentioned prominently in all interviews and FGDs. The characteristics of love, respect, honesty, trust, and communication were all frequently discussed in relationship to sexual faithfulness. In fact, the siSwati phrase for sexual faithfulness (*kwetsembeka kutelicansi*) contains the word "honesty" (*kwetsembeka*). The issue of sexual satisfaction was in turn seen as being indivisible from that of faithfulness. Lack of sexual satisfaction was seen as being the main cause of sexual infidelity for both genders, and this strong interconnection was mentioned in all the FGDs and by most of the interview participants. A female participant (30s, single) in the life-course interviews said, *"You have to satisfy each other sexually so that your love can flourish and that there will be no cheating."* A male participant (20s, partnered) in the life-course interviews stated, *"There is no relationship that can survive without having sex and satisfying each other in bed, I think that is the most important characteristic in a relationship."*

The large majority of participants in this research, male and female, expressed their desire for partners who were sexually faithful. Many participants also mentioned the importance of being faithful if one wanted to avoid sexually transmitted infections such as HIV. As discussed in Manuscript One, a majority of participants in the life-course interviews had both engaged in sexual infidelity and been cheated on themselves, and

these infidelities were the source of considerable emotional pain, particularly for those who had been cheated on. The fact that female participants in the life-course interviews did not rank sexual faithfulness as being more important during the ranking exercise perhaps reflects their realization (and resignation) that their relationships often did not involve sexual exclusivity.

Male participants in the life-course interviews and FGDs repeatedly emphasized the importance of women being sexually appealing and faithful. A number of men also mentioned that they realized they might lose partners they loved if they were not faithful, or if their partner discovered their infidelity. One man (20s, partnered) who claimed to be faithful to his girlfriend stated that faithfulness was the "best part" of his relationships and that if he were not faithful to his girlfriend he "would have lost her by now."

Both men's and women's FGDs were notable for their sexually explicit conversation, and sexual satisfaction was one of the major topics—if not the major topic—of conversation. Men and women may have felt more at liberty to frankly discuss sexual matters in a FGD, surrounded by peers, than they did in a one-on-one interview. Participants in both women's FGDs discussed what they might do to keep their partners faithful. In one FGD, women discussed the matter of sexual satisfaction at length, and enumerating the things that women could do to be sexually appealing and available to their partners. Women in the group universally agreed with the woman who said, *"[Your partner] will leave you and look for someone with experience. That's why I say in the bedroom do whatever he wants you to do for his satisfaction."* Participants in this FGD also expressed doubt that there were any men that were sexually faithful, with one

participant saying that 95% of men were "rotten" and another adding that "there are no more real husbands." In the other women's FGD, a woman remarked,

> *What I have noted is that the secret lovers take our husbands because they are clean and they look after themselves. So I have to do all that is in my power and fight for him that so he stays and will not be tempted and end up having extramarital affairs.*

Men in one FGD also debated whether men could be faithful, with one saying that it was "impossible" for a man to not have multiple sexual partners, even if married, while two other men argued that faithfulness was achievable because "one mistake can be your death," and the head of a household should not bring disease into his family (both references to HIV). In the other men's FGD, two men also talked about the importance of faithfulness, with one man saying:

> *I think you can be faithful with the person you're in love with, and tell yourself that you will focus only on her. It happens that as gents we have someone we're in love with and beautiful, who treats us well, and even sexual satisfaction is good. But you can still see another beautiful woman in town like the one you have and then propose love. It's important that one should tell himself that he's not looking sideways [a euphemism for looking for other partners]*.

Men in this FGD also discussed their fears that their partners would cheat if they did not sexually satisfy them. One man said that "women out there are hunting for men", and that women with older and less sexually active husbands were especially looking for younger partners. Another man added that other men (graphically referred to as *lamangce*, birds of prey) might steal away their partners "because they will do all the things that you were not able to do for her."

Marriage counselors repeatedly emphasized the importance of sexual satisfaction to a successful marriage relationship. One counselor described his own sexually satisfying marriage of decades, and then colorfully stated, "I never forget to remind

[counselees] that as long as they are together they must not sit still like furniture, but they must remember what is to be done in the bedroom." Marriage counselors were also centrally concerned that the couples they counseled (especially men) be sexually faithful.

Relationship satisfaction

A central question of this study was how satisfied participants felt in their current relationships. With a few exceptions, all of them women, participants in the life-course interviews generally reported that they were satisfied and happy in their relationships. However, we noted a tendency among some participants to report that they were satisfied in the relationship, yet somewhat paradoxically report serious relationship issues or say that the relationship was significantly different than their ideal relationship. Women were more likely than men to report problems in their relationship, even if they considered themselves to be satisfied with the relationship. Common complaints included: partners not helping with housework, drinking alcohol, or not taking steps towards marriage; lack of money in the household; suspected or known infidelity; lack of sexual satisfaction; and physical and/or sexual violence.

The life-course interviews conducted with 14 women and 14 men yielded particularly rich data on relationship satisfaction, as it was possible to observe participants' relationships and level of relationship satisfaction over time. In many cases, a participant's stated level of relationship satisfaction was belied by events which transpired over the course of the research, such as infidelity or the ending of a relationship. As an example, two women (both partnered, one in 20s, one in 30s) who both claimed that they were "99% satisfied" in their relationships, chose to separate from their partners not long afterwards. In one case, the woman (20s) made the contradictory

statements in the same interview that her partner's drinking was "not a serious problem," and that if he didn't stop drinking she would end the relationship, a threat which she carried out. A third woman (20s, partnered), who declared herself "very satisfied" in her relationship, and believed that her partner had "all the qualities" she was looking for in a relationship (including faithfulness), found out weeks later that he was not faithful and ended the relationship.

In contrast, during life-course interviews three women expressed very low relationship satisfaction with recent or current relationships that had been characterized by physical violence and abuse, and lack of emotional and financial support. One woman (30s) said she felt she had "lost her dignity" through her on-again, off-again relationship of some years, which had involved multiple infidelities and serious physical violence.

> *Interviewer: A few minutes ago you told me of the things that in your own opinion make a good relationship. Do you feel you have these things in your relationship?*
>
> *Participant: It's not there. Even if [my partner] is just going to the toilet I won't believe that he actually went there. I no longer trust him and that affects our love as now I don't believe in our love and I have the fear that at any time things will be over and for real… I'm hurt and I just want to start a new life, just stay away from him.*

In other cases, women's representations of their relationships differed starkly from what seemed to the researchers to be reality. In one memorable narrative, a participant seemed to harbor no blame towards her boyfriend and a female co-assailant for physically assaulting her, as she blamed the assault on the bad influence of the other woman. Furthermore, the participant said she believed her boyfriend when he said that the other woman was not his lover, despite what seemed to the research team to be strong evidence to the contrary.

Men universally reported that they were happy in their relationships, although 6 of 14 male participants in the life-course interviews also cheated on their partners during the research period. A number of men also expressed that they thought their partners were happy and satisfied in the relationship. Two men (both partnered, 20s) had their girlfriends either cheat on them or break off the relationship during the course of the research, and both were quite unhappy over the events. Both of these men may have contributed to the challenges in their relationships, as both were also cheating on their girlfriends.

FGD participants were also asked to comment on how satisfied they thought most people in Swaziland were with their relationships. They expressed that they thought relationship satisfaction in Swaziland was generally low, largely due to the prevalence of infidelity (especially men's infidelity). One man commented,

> *People's salaries, about 25% of them are spent on people who we're in love with outside our [primary] relationships. That means our wives are not satisfied when it comes to money, or even sexually. The love also becomes less if you're busy with your girlfriends and forget about your wife.*

In another FGD, a man suggested that Swazis' statements about their own relationship satisfaction should perhaps not be taken at face value.

> *FGD facilitator: Are people satisfied with their relationships?*
>
> *Participant: Not really! Some peopled will confess that they are satisfied yet they are not. Some people will have everything in a relationship but you find that they are busy running after girls and if you ask that person what is he doing, he cannot answer you.*

With a few exceptions, men and women who were married or in more long-standing and committed relationships generally expressed higher relationship satisfaction than participants who were in shorter-term and less committed relationships. Men and

women who had received marriage counseling seemed to be particularly satisfied in their marriages, and expressed that they felt counseling had had a positive impact on the quality of their relationships. The strength of counselees' relationships was also attested to by the fact that many of them reported having friends or neighbors come to them to ask for relationship advice. Several men who had been counseled remarked that their marriages would not have survived without the help and support of marriage counselors. While most of the counselees admitted that they had faced (and in some cases still faced) serious challenges in their marriages, the quotes below represent the kind of feelings that counselees seemed to have about their relationships.

> *I wanted to have a healthy and happy marriage, but at the beginning of our marriage we had a lot of problems and I didn't think that I would ever enjoy being married. But now things have changed. We are at peace, we love each other, and there is trust in my marriage, something which caused problems before. We are so happy. (woman, 30s)*

> *The way I live with my wife is so peaceful and we are happy. Sometimes I go and fetch water for her and there was once a man who is our neighbor who said that my wife has bewitched me as I collect firewood for her. I really see that counseling… did change me and my family. (man, 30s)*

The counselors interviewed in this research also provided many examples of couples they felt they had helped to have stronger relationships, deal with serious relationship issues (including violence, abuse, infidelity, and HIV infection), and avoid separation or divorce. The counselors interviewed in this research also provided many examples of couples they felt they had helped to have stronger relationships, deal with serious relationship issues (including violence, abuse, infidelity, and HIV infection), and avoid separation or divorce. All participants in the life-course interviews were asked at the conclusion of the research whether they would be interested in meeting with a trained counselor (and were given information on counseling services if they desired it). Eleven

of 14 women and 7 of 14 men answered that they would be interested in seeking counseling either at that time or in the future, and one man and one woman did seek counseling during the study period.

Although the research was not intended to have a therapeutic effect, some participants in the life-course interviews and FGDs felt that they had been helped by having the opportunity to "cough out some issues," "pour out [their] hearts," and "share some secrets." Six participants (all women) in the life-course interviews expressed a desire for another such opportunity to sit and discuss their relationships. One woman (30s, partnered) said that participating in the research, *"helped me a lot and I wish you could arrange more workshops, even if you don't offer us anything but just to sit and talk about how we can stay faithful and honest in our relationships."* Several male and female FGD participants asked when another such discussion would be held, as they had found it helpful and wanted to participate again. One participant in the life-course interviews (20s) credited her participation in the research with helping her and her partner to decide to end their relationships with outside partners, and commit to their relationship (with her partner paying *lobola* during the course of the research).

Discussion

Cross-cultural perspectives on dimensions of relationship quality

Focusing on an emic perspective, our qualitative study revealed seven characteristics of good relationships to be most salient: love, respect, trust and honesty, good communication, sexual satisfaction, and sexual faithfulness. This study is one of the first to describe dimensions of relationship satisfaction and relationship quality among African couples, although findings from a handful of previous studies in developing

world contexts are consistent with the current research (Hirsch, 2007; Muntifering, 2011; Steyn, 1996). A series of group interviews found that white and colored South Africans valued mutual love and respect, open and honest communication, and joint decision-making in marriage (Hirsch, 2007; Muntifering, 2011; Steyn, 1996). A previous dissertation from the Johns Hopkins School of Public Health found that couples in Ghana rated the quality of their relationships as high and identified patience, understanding, and shared responsibility as ideal relationship qualities (Muntifering, 2011). Anthropologist Jennifer Hirsch, in her study of contemporary marriage in Mexico, found that traditionally a good marriage has been defined as one based in *respeto* (respect), while younger couples increasingly desire relationships which are characterized by *confianza* (intimacy or trust) (Hirsch, 2007).

Most research of couple relationships has been done by psychologists in North America and Europe. Comparison of the current findings to this body of research reveals significant similarities, which suggests that many aspects of couple relationships may be comparable across cultures. While there is no agreed-upon definition of relationship quality among researchers, the seven important relationship characteristics identified by this study correspond quite closely to one definition suggested by Lawrence and colleagues, based on an exhaustive review of the psychology literature. Lawrence and colleagues identified five dimensions of relationship quality (Lawrence et al., 2008), which are compared to the seven relationship characteristics from the present study in Table 9.

Table 9: Comparison of dimensions of relationship quality

Characteristics of a good relationship (present study)	**Dimensions of relationship quality** (Lawrence et al., 2008)
1) trust and honesty	1) trust, closeness, and emotional intimacy
2) love (understood in terms of financial, practical, and emotional support)	2) inter-partner support (understood as emotional or tangible support when a partner has a problem or is "down")
3) sexual faithfulness and sexual satisfaction	3) quality of the sexual relationship
4) respect	4) respect, power, and control
5) communication	5) communication and conflict management

Love and respect

Addressing a U.S. context, sociologist Paul Amato (2007) writes that despite love being the primary reason that men and women enter relationships and marry, there is a lack of serious research about the subject. This deficit of research is even greater in respect to Africa, perhaps because, as anthropologist Hirsch notes, researchers are guilty of depicting "all sex among the poor as the product of violence, lust, or need" (Hirsch, 2007, p. 102). A recent edited volume titled *Love in Africa* similarly concludes that there is a near-void of research on the topic, and that the abundance of research on risky sexual behavior in the context of the HIV epidemic has largely ignored "how that behavior is embedded in emotional frameworks" (Thomas & Cole, 2009, p. 3).

A few eminent exceptions give serious treatment to love in Africa, such as anthropologist Mark Hunter's (2010) rich descriptions of "love in the time of AIDS" in rural KwaZulu-Natal and anthropologist Daniel Jordan Smith's (2001) exploration of marriages based on love among the Igbo. Some HIV prevention research has provided evidence of the importance of love, such as a study of couples' adherence to pre-exposure

prophylaxis (PrEP) which found that even under the strain of discovering HIV infection in a marriage or partnership, many couples were strongly motivated to continue the relationship because they loved each other (Ware et al., 2012). This research also found that couples with poor relationship quality were not as likely to succeed on PrEP, suggesting the importance of love and relationship quality to this prevention strategy.

While U.S. researchers have noted the lack of agreed-upon definitions or methods of measuring love (Graham, 2011; Sternberg, 1986), psychologists have put forward a number of theories of love, with one of the most prominent being Sternberg's "triangular theory of love" (Sternberg, 1986). Sternberg posits that love has components of *intimacy* (feelings of closeness, connectedness, and bondedness), *passion* (drives that lead to romance, physical attraction, and sexual expression), and *decision/commitment* (the decision to love and commitment to maintain that love). Participants in this research described the desire for, and experience of, all three of these components.

Respect emerged as a major theme of this research, but has not been a major focus of couples research globally (S. S. Hendrick & Hendrick, 2006). According to analysis by Lawrence et al., psychologists have primarily associated respect in couple relationships with the constructs of power and control. Furthermore, research has demonstrated that power imbalances in intimate relationships are associated with lower relationship satisfaction (Bentley, Galliher, & Ferguson, 2007; Whisman & Jacobson, 1990) and greater likelihood of relationship dissolution (DeMaris, 2007). Swazi men and women did describe elements of power and control in their rhetoric of respect, such as in the widespread assertion that women should submit to men's preferences and commands. Yet respect was also frequently discussed not in terms of control but in terms of deference

and honor. More research is needed to explore the diverse ways that couples may define and value respect in different cultural contexts, and the impact of respect on relationship quality and satisfaction.

Honesty and trust

The findings of this study are consistent with a recent study of South African couples which found that some men and women reported loving their partners but not completely trusting them, and did not see lack of trust as a reason to end a relationship (L. Parker et al., 2014). Very little research has explored the degree to which subjective perceptions of trust in a relationship are correlated to HIV risk in a relationship, although one qualitative study in Uganda found that HIV infection was correlated with men's and women's perceptions of trust and sexual faithfulness within their relationships (Higgins et al., 2014). Lack of trust and honesty may be viewed as a form of insecure romantic attachment, which has been identified as a relationship risk (Kershaw et al., 2013; Mikulincer, Florian, Cowan, & Cowan, 2002) and associated with relationship conflict and mental distress (S. S. Hendrick & Hendrick, 2006; Simpson, Rholes, & Phillips, 1996). Participants in this research who perceived low levels of trust and honesty in their relationships demonstrated insecure romantic attachment through anxiety about their partner's commitment and the future of the relationship as well as through reluctance to emotionally engage in a relationship.

The findings of this study are consistent with a recent study of South African couples which found that some men and women reported loving their partners but not completely trusting them, and that couples separated trust and love and did not see lack of trust as a reason to end a relationship (L. Parker et al., 2014). Very little research has

explored the degree to which subjective perceptions of trust in a relationship are correlated to HIV risk in a relationship, although one study in Uganda which combined qualitative in-depth interviews with information about participants' HIV status found that HIV infection was negatively correlated with men's and women's perceptions of trust and sexual faithfulness within their relationships (Higgins et al., 2014).

Communication

The primacy given to communication in Swazi men and women's accounts of their relationship is consistent with the view of U.S. experts that good communication is an important relationship skill (A. J. Hawkins, Carroll, Doherty, & Willoughby, 2004, p. 547), and that communication patterns are often critical components of relationship breakdown. U.S. research has also found that good communication skills are correlated with relationship satisfaction (Meeks, Hendrick, & Hendrick, 1998), and marriage and relationship education in the U.S. has often focused on communication and conflict skills (A. J. Hawkins et al., 2004). Notably, communication was the aspect of relationships about which participants in this research most expressed a desire for support and education, and counselors also emphasized building communication skills.

Sexual satisfaction

This research confirmed previous findings from Kenya that sexual satisfaction is strongly linked to sexual fidelity (Kwena et al., 2014). A large literature on sexual satisfaction among U.S. populations also shows an unequivocal link between sexual satisfaction and overall relationship satisfaction (Byers, 2005; Schenk, Pfrang, & Rausche, 1983; Schwartz & Young, 2009), and additionally between sexual satisfaction

and overall physical and mental well-being (Anderson, 2013). Among unmarried U.S. couples, sexual satisfaction has been found to be associated with relationship satisfaction, love, and commitment, and to be particularly associated with relationship quality for men (Sprecher, 2002). Communication about sex has also been found to be associated with sexual satisfaction and overall relationship satisfaction and quality for U.S. married couples (Cupach & Comstock, 1990; Davis et al., 2006).

Relationship satisfaction

Women in this research reported being generally less satisfied in their relationships than were men. Men may have simply been less willing to talk about problems and lack of satisfaction in their relationships. It is also possible, however, that women in Swaziland do feel significantly less satisfaction in their relationships, due both to unequal power dynamics within basically satisfactory relationships, and because they have less ability or inclination to leave unsatisfactory relationships, compared to men. The emphasis that women gave to receiving respect from men (an emphasis that was not present when men discussed how they should treat women) may be an indication of women's lack of satisfaction with the amount of respect they are receiving in their intimate relationships, and the importance of this deficit of respect.

Marriage researchers have long assumed that women experience lower marital satisfaction than do men, with feminists arguing that this is due to women's subordinate position within societies and marriages (Jackson, Miller, Oka, & Henry, 2014). The inequities within marriage (and other intimate relationships) include sexual double standards and women's greater risk of intimate partner violence and abuse. Women also perform a disproportionate amount of the childcare and household chores required to

keep the household functioning, as well as the "emotion work" involved in keeping the relationship functioning (Jackson et al., 2014). All of these inequities were repeatedly noted in this research. However, a recent meta-analysis (primarily drawing on research from the United States but also from other developed country settings) found that men and women generally do not have different levels of marital satisfaction (Jackson et al., 2014). Therefore, if gender-based differences in relationship satisfaction in Swaziland are real, this difference could signal that Swazi women experience greater gender inequities and power imbalances within relationships than do women elsewhere in the world.

While this research cannot establish whether married individuals in Swaziland do in fact experience greater health and happiness than do their non-married counterparts, the majority of the married individuals in this research were notable for the satisfaction and confidence they felt in their relationships. In contrast, unmarried individuals often experienced unstable, unhappy, and/or abusive relationships and expressed some level of distrust for their partners and uncertainty about the future of their relationships. While some unmarried individuals expressed a great deal of relationship satisfaction, in some cases this satisfaction was short-lived as over the course of the research, infidelity was discovered or relationships dissolved. Without exception, the unmarried individuals in this research who experienced happy and satisfying relationships hoped to marry their partners.

We observed multiple instances in which participants seemed to be unable to recognize or admit aspects of a partner or partnership which to the research team seemed troubling or negative. In some cases, participants represented their relationships as being held together with strong bonds of love, respect, and trust, only to report a few months

later that a partner had deceived or abused them, engaged in a concurrent partnership, or that the relationship had otherwise ended or come under strain. The Swazi saying "*kugikwa lutsandvo*" (literally "bound by love"), much like the English phrase "love is blind", is used to describe a situation in which a person in love loses the ability to accurately discern reality. Far from being a phenomenon unique to this research context, this tendency of people to be "blinded" by love has been long recognized by psychologists. Known as "sentiment override", it occurs when a person interprets a partner's words or actions based not on the specifics of a certain interaction but according to global feelings about the partner and the relationship (M. W. Hawkins, Carrère, & Gottman, 2002). Amato writes,

> *Strong feelings of love lead people to overlook their partner's faults and focus on their partner's virtues. Feelings of love also lead people to attribute their spouses' bad behavior to external and uncontrollable causes rather than to internal and controllable causes. (Amato, 2007, p. 307)*

We particularly observed these tendencies among women. Being "blinded" or "bound" by love may be one factor which leads women to ignore risks to their health and well-being and remain in poor quality or abusive relationships.

Also notable in this research is the extent to which relationship ideals diverged from the reality described by participants. This was seen most clearly in cases in which female participants were clearly unhappy in their relationships, but also in the multiple cases in which men expressed ideals (most notably, of honesty and sexual faithfulness) which they admitted they did not attain in their relationships. While participants in the life-course research, especially men, generally represented their relationship satisfaction as being high, these portrayals diverged from the opinions about relationship quality in Swaziland expressed by FGD participants, who felt that relationship quality in Swaziland

was generally low. This disjuncture raises further questions about the effect of social desirability bias in how participants in the life-course interviews chose to represent their relationships and their level of relationship satisfaction. Any research which seeks to adapt measures of relationship satisfaction for use in this setting should take the possibility of this bias into consideration.

Strengths and limitations

The data from life-course interviews presented in this manuscript were gathered through lengthy, in-depth interviews from participants with whom the interviewers built trust and rapport over time. Another strength of this study is the multiple sources of data (from life-course interviews, FGDs, and counselors and counselees) that were brought to bear on the research questions. Nevertheless, various biases are likely present, including social desirability and recall bias, as participants may have chosen to both remember and represent their personal histories in overly sanguine terms. Men may have been particularly likely to conceal relationship difficulties or areas of relationship dissatisfaction. Counselees (male and female) were generally more willing to talk about difficulties in their relationships, perhaps because the interviewer already knew they had sought counseling, and because their counseling encounters had given them experience in talking about their relationships.

While the stories and opinions represented here are unique to individuals and cannot be assumed to be representative of Swazis as a whole, this is likely particularly true of counselors and counselees, who were highly unusual in their cultural context (by virtue of either offering or seeking marriage counseling). Counselors may have also picked their greatest "success stories" when they provided referrals to counselees, despite

requests for more representative individuals. Counselors may also have emphasized the high points rather than the low points of their work during interviews. Thus the accounts of counselors and counselees may over-estimate the potential of counseling to strengthen relationships. These caveats aside, we did note many similarities in experiences and beliefs among participants, which likely point to shared cultural norms and values on the topics of relationship quality and satisfaction.

Conclusion

Although the topics of relationship quality and relationship satisfaction have been virtually unexplored in an African context, research from other parts of the globe suggests that these topics are critically related to individual mental, emotional, and physical health. The links between the functioning of intimate relationships and overall health may be particularly consequential in Swaziland, where patterns of multiple and concurrent sexual partnerships place men and women at high risk of HIV infection. Participants in this research identified seven characteristics (love, respect, honesty, trust, communication, sexual satisfaction, and sexual faithfulness) which characterized good relationships, and generally reported high relationship satisfaction. Participants also recognized that their relationships often did not achieve the ideals of a good relationship, particularly in the areas of trust, honesty, and sexual faithfulness. Research on dimensions of relationship quality from the U.S. and Europe shows striking similarities to the findings from this research, suggesting that many relationship dynamics and relational needs are shared across cultures. The experience of couple counseling and relationship education in other contexts may also provide guidance for initiatives to strengthen couple relationships in Swaziland.

MANUSCRIPT THREE

FROM FIRST LOVE TO MARRIAGE AND MATURITY: A LIFE-COURSE PERSPECTIVE ON HIV RISK AMONG YOUNG SWAZI ADULTS

Abstract

A life-course perspective can elucidate how a person's risk of HIV infection varies over time, as well as how earlier life experiences shape later behaviors and decisions. In this paper, we use a life-course approach to explore the sexual partnerships and HIV risk of Swazi men and women through their adolescence, 20s, and 30s. Fourteen Swazi men and 14 women between the ages of 20 and 39 shared their life histories, including the circumstances of 98 distinct sexual partnerships, through 117 in-depth, life-course interviews. Each participant was interviewed three to five times over the course of approximately nine months. Data were analyzed using narrative analysis, and four detailed participant narratives are presented in order to provide a richer contextualization of themes that were common among participants. Many participants reported painful childhood experiences, including a lack of positive role models for couple relationships, and as adults, participants replicated the circumstances of their own childhoods to a striking degree. Women's first sexual partnerships often involved coercion or force and often resulted in pregnancy and abandonment by partners, leaving women economically vulnerable. While both men and women nearly universally reported a desire to marry and associated marriage with respectability and monogamy, men typically did not feel ready to take this step until their 30s. Women often described marrying only after years in tumultuous relationships. A high degree of relationship instability and change was observed over the research period, with some partners separating and others marrying, and half of participants reporting concurrency within their main relationship. Participants' narratives revealed significant sources and circumstances of risk, particularly multiple and non-exclusive sexual relationships and violence and lack of

mutual trust within relationships, as well as positive social ideals which may provide opportunities for effective HIV prevention.

Introduction

A person's risk of HIV infection varies by age, gender, and life circumstances, but these variations in risk over time and through various life stages are not always well understood. HIV risk factors are typically assessed over brief periods or at single points in time, without consideration of how those factors may have developed over time or of the impact of previous events in a person's life-course. Among men and women in Africa, certain periods of risk, such as the very high HIV incidence experienced by girls and young women, have been extensively studied (Clark et al., 2006; Glynn et al., 2001). Other periods of risk, such as the high incidence seen among men during middle age and among women who are divorced or widowed, have received less attention.

This paper uses a life-course approach to examine the sexual partnerships and HIV risk of Swazi men and women throughout their adolescence, 20s, and 30s, when HIV risk is the highest. According to the 2011 Swaziland HIV Incidence Measurement Survey (Ministry of Health, 2012), HIV incidence is highest for women in their late teens through 30s, and for men in their late 20s through early 30s. HIV incidence peaks at 4.2% for women aged 20-24 years, and at 3.1% for men aged 30-34 years.

A life-course may be described as "a sequence of socially defined events and roles that the individual enacts over time" (Giele & Elder, 1998, p. 22). A life-course approach situates an individual's identity and agency over time within structural, social, and cultural contexts. This perspective considers both *trajectories,* which measure the "long-term processes and broader patterns of events in an individual's experience in specific life spheres over time", and *transitions*, or "brief events that mark chronological

movement from one state to another" (Donnelly, Burgess, Anderson, Davis, & Dillard, 2001, p. 160).

In relationship to HIV, a life-course perspective can integrate knowledge about specific transitions or longer-term trajectories that put people at risk for HIV infection with investigation of *why* these events occur and how they are related both to sociocultural norms and to earlier events in an individual's own life history. Transitions and trajectories can include behaviors which are proximate determinants of HIV risk (such as having multiple and concurrent sexual partnerships) as well as circumstances which may lead to HIV risk more indirectly, such as sexual abuse and violence (during childhood or adulthood), alcohol abuse, early departure from formal education, sex work or transactional sex, and work-related migration and lack of co-residence with a spouse or primary sexual partner.

A small number of studies have utilized a life-course approach to HIV risk in Africa. A qualitative study in South Africa noted that early life experiences such as economic deprivation, death of parents, and abuse shaped the life choices and also empowerment of sex workers (C. Campbell, 2000). A cohort of young adults in KwaZulu Natal, South Africa was followed for two years, revealing that HIV risk behaviors such as concurrent partnerships and inconsistent condom use were common, but that most young adults had a primary partner and aspirations of marriage (Harrison & O'Sullivan, 2010). A study which mapped Ugandan women's HIV status over time to key life transitions (including sexual debut, marrying one's first sexual partner, and being widowed or divorced) found significant differences in these transitions between women who were and were not HIV infected (Boileau et al., 2009). Further research in Uganda using life-

history interviews with HIV-infected men and women in fishing villages revealed that whether or not a person disclosed his or her HIV status to a sexual partner was influenced by the strength and history of that sexual partnership (McArthur, Birdthistle, Seeley, Mpendo, & Asiki, 2013). The fact that HIV testing is often sought at the time of significant life events such as marriage or pregnancy (Maman et al., 2001) or when a sexual relationship is commenced or ended (Lupton, McCarthy, & Chapman, 1995) also suggests the value of a life-course approach in examining connections between HIV-related behaviors and key life transitions.

Other research, while not explicitly utilizing a life-course approach, has found robust links between traumatic childhood experiences and sexual behaviors, risk-taking, and perpetration of violence later in life. Orphans have been found to have a younger age of first sex (McGrath, Nyirenda, Hosegood, & Newell, 2009; Thurman, Brown, Richter, Maharaj, & Magnani, 2006) and to experience worse psychological health and increased sexual risk behaviors, outcomes which are mediated through experiences of poverty, violence, stigma and abuse (Cluver et al., 2013). South African men who experienced childhood trauma are more likely to perpetrate rape (Jewkes et al., 2006), and men and women who have experienced past abuse are more likely to practice risky sexual behaviors, such as transactional sex (Dunkle et al., 2004; 2007).

HIV risk within sexual partnerships is shaped by many facets of those partnerships: partnership duration and stability, individual characteristics (such as age and gender), the sexual partner's sexual behaviors outside the partnership (including number of other sexual partners and their characteristics), and behaviors within the partnership (such as frequency of sex and condom use). This paper will use the rubric of

partnership trajectories to examine characteristics of sexual partnerships, asking the questions:

- What were the participant's motivations, aspirations, and expectations for his or her sexual partnership? Why did the participant choose the sexual partner he or she did? Did the participant expect the partnership to be short-term, long-term, sexually monogamous or not, or to result in pregnancy or marriage?
- How did the participant's expectations shape his or her behavior and decisions in the partnership? Did the expectations and trajectories of sexual partnerships change over time?
- Did the reality of the partnership meet the participant's expectations, and if not, how did or she react to this reality?

Events such as initiating a new sexual partnership, ending a sexual partnership, or having a partnership become non-exclusive (when one or both partners initiate a concurrent sexual partnership) are also key determinants of HIV risk. Viewed simply, the more such events occur in a person's lifetime, the greater his or her risk of HIV, as HIV risk increases with increasing number of lifetime sexual partnerships, especially if those partnerships are non-exclusive. However, the ending of a partnership may decrease an individual's HIV risk, if the partnership was a situation of high risk. In this paper, such events will be termed *partnership transitions*, and will be explored through asking:

- How did sexual partnerships start?
- When sexual partners separated, why did this occur? If partners reconciled, why and how did this occur?

- In cases in which sexual partnerships became non-exclusive, how did this happen, which partner(s) had concurrent partners, and did the other partner know or react?
- Which partner initiated the partnership transition, and were there differences between the partners in power, control, and intent?

Finally, this research will explore the question of how relationship satisfaction influenced transitions and trajectories in sexual relationships. Were participants who reported greater relationship satisfaction more likely to have longer-term, stable relationships, and less likely to experience concurrent partnerships?

Methods

This paper is based on 117 in-depth, life-course interviews conducted with 28 Swazi men and women (58 interviews with 14 Swazi men and 59 interviews with 14 Swazi women). The methods employed in recruiting participants and conducting and analyzing these interviews have already been described in Manuscripts One and Two. In brief, participants participated in three to five in-depth, life-course interviews with the goal of generating detailed accounts of participants' lives according to a narrative interviewing approach (Kohler Riessman, 2008, p. 23). The average time between the first and the last interview was 9 months, with a range of 1 to 13 months. The author of this dissertation summarized data from each participant's interviews into a life-history narrative, and following a narrative analysis approach, each participant's narrative was treated analytically as a unit (Kohler Riessman, 2008, p. 12).

Data were coded using NVivo 10, and also analyzed collaboratively by the author of this dissertation and the Swazi interviewers, focusing on issues of translation, cultural

context, and interpretation of areas of inconsistency, contradiction, and omission in participant narratives. Each participant's interviews were "restoried" (Creswell, 2007, p. 56) into a coherent life-course narrative that included a chronology of major life events, a brief narrative of each unique sexual partnership, and analyzed links between life experiences. The goal of analysis was to identify common life circumstances and events, following a phenomenological approach and then to generate theory, borrowing from a Grounded Theory approach (Creswell, 2007). Content analysis was utilized to compare participants' narratives and identify common events or themes among them. Narrative analysis contributed a focus on how participants chose to represent themselves, how their accounts changed over time, and how interactions between interviewers and participants shaped participants' narratives.

Findings

Participant narratives

Four detailed participant narratives are presented, to allow for a deeper understanding of men's and women's relationships, decisions, and circumstances of HIV risk over time, as well as the structural, cultural, and social factors that shape their personal histories. These four narratives were purposively chosen for the richness and quality of the interviews, and because they illustrate themes that were shared across participants in this research. Names and other minor details have been changed to protect participants' identities.

Narrative 1: Zanele

Zanele, 26, lived in an urban informal settlement with her long-term boyfriend Sifiso and their young child when research commenced. She worked selling vegetables in

a market and had only partially completed secondary school. Her parents were never married and separated when she was four years old; following their separation, she primarily lived with her father. Her mother had four children by three different men, and her father had at least eight children by at least four different women. According to Zanele, her father was known for impregnating one woman and moving on to another without even realizing he had fathered a child, and women were always "bringing children" to him. Zanele expressed admiration for both of her parents and reported having good relationships with them. She also had a close relationship with her mother's aunt, who would warn *"that we must stay away from boys because they will impregnate us."*

According to Zanele, she has had eight sexual partners in her lifetime, and generally feels that she had been used by men who did not love her. When Zanele was 12 years old, a 20-year old member of her extended family started a secret romantic relationship with her and pressured her to have sex, but she refused. After the refusal she never heard from him again, and she realized that although she loved him, *"he didn't love me but he wanted to sleep with me."* She first had sex when she was 15, with a man about 10 years older whom she hoped to marry. They had sex only once, after he "convinced" her despite her misgivings, and they did not use a condom. A few days later, Zanele was talking to another man, and her boyfriend became jealous and assaulted the other man. Zanele ended the relationship, explaining, *"I told him that I'm now afraid of him as I can see that he is a violent person when drunk and he could end up beating me."*

Zanele started a relationship with Sifiso when she was 16 and he was 40. She first noticed him walking on the street, and thought he looked "respectable." They struck up an acquaintance and Sifiso began to invite Zanele to his house to "talk." After several

visits, he pressured her to have sex, and Zanele eventually gave in, although by her account she would have preferred to just talk. For the first year or two of their relationship they did not live together. Sifiso already had several children by other women and had lived with one of these women, although he had never been married. Eventually Sifiso persuaded Zanele to live with him, as he did not trust her not to have other sexual partners.

Zanele did have a number of other sexual partners during the early years of her relationship with Sifiso. She sometimes had one-night stands with men she met while drinking at bars, encounters which made her feel guilt and regret. In the first such encounter, a man who had bought her alcohol on a Friday night told Zanele he loved her, and in Zanele's words, she *"fell for it, I think because I was not in my right senses as I was drinking."* She never saw him again. One partnership lasted for three or four years, and Zanele said she loved this man but felt "used" by him, and she also feared contracting HIV as they did not always use condoms and she knew he had "a lot of girlfriends."

Sifiso suspected Zanele of having other boyfriends and did not like her habit of going out drinking with her friends. During their fights, he sometimes hit her, and they would sometimes separate for weeks at a time. They used condoms inconsistently, and when Zanele asked to use condoms, Sifiso would intepret this to mean that she was cheating. Sifiso continued to see the mother of some of his children, which made Zanele feel bad and wonder if he and his former partner still had a sexual relationship. Sifiso asked Zanele to marry him, but although she assumed they would someday marry, she didn't feel they were ready. Zanele felt that Sifiso needed to build a proper house before

they married, rather than continuing to rent, and that his failure to do so was a sign that he was not serious about their relationship. On the other hand, Zanele explained that Sifiso had told her that he was committed to her.

> *My boyfriend always says that I'm only his partner and he is not even considering having another partner as he used to do… I think that he is old in age and matured. He has said that he is done playing games, meaning having more than one partner. So he asked me to be faithful, as he is faithful, so that we can raise our child.*

Zanele also expressed that she had matured during their relationship:

> *Interviewer: What things make you want to stay with your partner?*
>
> *Zanele: I think it's that now I'm grown up and matured. I now know what is wrong and right… I have been in different relationships and I know that is not right, so I learned a lot from this… I now know my responsibilities.*

By Zanele's final interview (ten months after her first interview), she had separated from Sifiso and gone to live with her mother, along with their child. She said that the main reason for their separation was financial problems, as she had learned that Sifiso had large debts, and felt that he had been lying to her about their financial situation. Zanele had also recently lost her job and resented the fact that Sifiso could not adequately provide financially for her and their child. She also suspected that he had acquired another sexual partner. Sifiso had become increasingly jealous, controlling, and verbally abusive, and she feared he might assault her. Zanele had not started another sexual relationship because she did not want people to think that her relationship with Sifiso had ended because she had been cheating. She says that if he were to change and become honest and faithful, she might consider reconciliation, but her hopes for this seem to be dim.

Narrative 2: Thuli

Thuli, 34, was living in her parental homestead in a rural area at the beginning of research, with her three children and a number of members of her large extended family. She reported having close, loving relationships with her family members, with the exception of her father. However, Thuli felt she and her children were a "burden" to her mother, despite the fact that Thuli earned an income through buying and selling used clothing, and she thought that having children before marriage had been a grave mistake. Thuli also felt regret over the fact that she had not been well-educated, and thus did not have a well-paying job. She blamed her father for "crushing [her] dreams" by not paying her school-fees even though he could afford to. He had instead given most of his time and money to a girlfriend at the expense of his family. Thuli's parents had been married through Swazi law and custom, and her father eventually married his long-time girlfriend, becoming a polygamist. This made Thuli's mother (the first wife) unhappy and wonder if she had not shown enough respect for her husband and if this had influenced him to seek another wife.

All of Thuli's children were fathered by Enoch, a man with whom she had had an on-again, off-again relationship since she was 25. Thuli claimed that Enoch was the only man she had ever had sex with, except for a man that she had sex with once when she was 18 and still in school. Her first sexual partner was in his early 30s and unbeknownst to Thuli lived with his girlfriend and child. He wooed her with gifts for a year before they had sex, then told her that he loved her and it was time to "pay him back." After having sex, Thuli felt physically hurt and afraid. She worried about pregnancy, disease, ruining her concentration at school, and that her mother would find out. She decided she did not want to have sex again. When she told her partner, he accused her of having other

boyfriends and ended the relationship. Thuli and her first partner did use a condom, at her partner's initiative, although Thuli had never before seen a condom and did not know what it was.

Thuli and Enoch were both in their 20s when they became acquainted through living in the same urban neighborhood and attending the same church. They had known each other for two years and "took one another as brother and sister," when Enoch "proposed love" to Thuli, telling her she "fascinated" him. She demurred for several months, then agreed to a relationship. According to Thuli, they did not have sex until nearly two years into their relationship, but she got pregnant at this first encounter as they did not use a condom. Thuli was distressed by the pregnancy, and thought of her grandmother's admonitions against getting pregnant before getting married, as no man would want to marry a woman who already had children.

At the beginning of their relationship "life was smooth and things were good," but after the birth of their first child, Enoch and Thuli encountered difficulties. They did not live together or resume a sexual relationship for two years. Enoch's family ordered Thuli to not have sex until the baby was 8 months old (a common post-partum prohibition in Swaziland), and after these 8 months, Thuli continued to refuse to have sex. The baby was ill, and Thuli anxiously wondered if she had acquired a disease from Enoch which she had passed on to the baby. She also felt that she "didn't love him anymore." Meanwhile, Enoch resumed a relationship with Lindiwe, a woman with whom he had previously had a child. Enoch had been in a relationship with Lindiwe (unbeknownst to Thuli) when he first proposed love to Thuli, and did not tell Thuli about his other child until Thuli's first pregnancy. Lindiwe had acquired another partner after Enoch left her

for Thuli, but when Thuli and Enoch separated, Enoch resumed a relationship with Lindiwe, and had a second child with her.

After two years apart, Thuli and Enoch did reconcile. In Thuli's words:

> *I'd say he sweet-talked me. We women get convinced easily. He apologized for going back to his ex-girlfriend. He said he wanted to make me his wife. He said that since he had a child with me it would be the right thing to do because no one would marry me because I had a child… I had those sweet words and thought he had changed, and then we got back together.*

While Thuli expected that she and Enoch would soon marry, instead she again got pregnant, with twins, while still unmarried. Enoch pressured Thuli to move in with him, telling her that if she didn't, she was to blame if he got tempted and cheated. Thuli called this time living with Enoch "horrible." Despite her best efforts to be a model girlfriend and housekeeper, his phone would frequently ring with calls from his other girlfriends. She insisted on condom use, although he complained. He spoke of marriage, but she concluded that his only interest in marrying her was to "dump" her at his rural homestead as a caretaker to his aging grandmother. In Thuli's words, *"I then decided to move back home to give him space to do his fooling around. Then maybe when he was done with it, and had grown up and would not hurt me, I would consider taking him back."*

At the beginning of the research, Thuli and Enoch seemed to be in a holding pattern, with Enoch "preparing" for marriage, and Thuli resigned to the fact that they might never marry. They had been living apart for three years, and Thuli said that they were "no longer close" and that she had "gotten used to the kind of partner he was." Enoch lived nearly 100 kilometers from Thuli, and Thuli said she *"knew he would sleep with other women since the distance between us is long."* She had chosen to continue her relationship with Enoch for the sake of their children, whom she tried to shield from the

knowledge that all was not well between their parents. Thuli also confessed that she had recently acquired a "secret lover", who was pressuring her to have sex, although she had not given in. She was considering ending her relationship with Enoch, although she confessed that, *"I have someone I love, even though that person hurts me badly, I still love him."* She also said that she had learned that she "shouldn't love wholeheartedly", and that Enoch was *"mine when he is with me and when he's not with me he belongs to others."*

During the 12 months that Thuli participated in this research, her relationship with Enoch was transformed. She reported that their communication had improved dramatically, largely through advice given to Thuli by her sister. Enoch had "matured" and given up his other sexual partners (evidenced by the fact that he now gave her free access to his cell phone), and was making imminent plans to marry her. By the end of Thuli's participation in the study, Enoch had smeared Thuli with red ochre in the *teka* ceremony that signifies the beginning of a traditional marriage, and was preparing to pay *lobola* (bride price). Thuli and Enoch now live together in a rented home, Thuli is thrilled to be a married woman, and they are "at peace."

Narrative 3: Sandile

Sandile, 23, lives with his father and several siblings in an urban informal settlement. He did not finish secondary school, and has struggled to find work as an unskilled laborer and is often unemployed. Sandile's parents were married through Swazi law and custom, but his mother died when he was very young. His father chose to raise his children alone and never took another partner. Sandile calls his father a "cool guy" [*bukahle kakhulu*] who he can talk to about his problems, although his father is not happy

with Sandile's heavy consumption of alcohol and prays for him to quit drinking. Although his father never says anything about the fact that Sandile is still fully dependent on him for food and a place to live, Sandile feels that this is not right, and that he should be supporting himself.

By Sandile's estimation, he has had 20 to 25 sexual partners in his lifetime, although most partnerships have been very casual and short-lived. Sandile gave very contradictory statements about sexual faithfulness and his own sexual partnerships over the course of the research, although he clearly perceived concurrent partnerships as being dangerous. In one interview he said that he had quit having concurrent partners the previous year after a male cousin contracted a sexually transmitted infection and received a "scary" treatment. According to Sandile, *"I and my other brothers decided that we will not cheat again."* Later in the same interview, he claimed that he had started being faithful earlier that year. However, in the last interview, he admitted that he had continued to cheat on his main partner, Sindi, although he claimed that he always used condoms with other partners in order to protect her. He also expressed that he was trying to quit drinking, but it was clear that he had not succeeded in this goal.

While in secondary school, Sandile had his first two sexual relationships (both with fellow students), and started drinking alcohol and smoking marijuana. Sandile told himself about his first girlfriend that, *"if all goes well I am going to marry her."* They had had sex only four or five times when Sandile was expelled and forced to switch schools. At the new school, a fellow pupil pursued Sandile in a relationship he described as "friends with benefits", but the relationship ended when she moved away.

At the age of 17, Sandile left school, and began to drink in bars and have sex with girls he met there. For the next five years, he did not have a "steady girlfriend." When he was working and had income, he would buy a woman drinks with the expectation that she would have sex with him, because *"I cannot spend for free."* He was reluctant to discuss these sexual partnerships, saying "*I can talk 'til God comes* [i.e. until the Rapture] *if I talk about them one by one."* Sandile expressed considerable guilt over some of the situations he found himself in, while too drunk to know what he was doing. He mentioned only one partnership that lasted any length of time, with a woman that he seemed to strongly dislike. He called her "fast" and felt sure she had other partners. Nevertheless, they maintained a sexual relationship for a year, before Sandile got tired of seeing her with other men and ended the relationship.

Sandile had had a romantic relationship with Sindi when they were teenagers, although at that time the relationship was not sexual. After crossing paths with her again when he was 22, he pursued a relationship with her. He introduced her to his elder brother (a sign of his serious intent) and told himself that she might be the mother of his children. Sandile said he and Sindi had a "strong bond" and that if she had cheated on him it *"would have destroyed [his] life and [his] heart."* Sindi's family, on the other hand, did not approve of Sandile and warned her that Sandile only wanted to "impregnate her and run." Sandile admired Sindi for being a "decent" girl who went to church, as well as being beautiful and respectful. He felt that she had been a good influence on him and helped him to drink less. According to Sandile, his drinking was the only thing that caused him and Sindi to argue.

Towards the end of the 10 months that Sandile participated in the research, Sindi suddenly broke up with him. Sandile was shocked and devastated. Sindi gave as reasons that Sandile could not "afford" her as he did not have a job, and that she could not see a future with him. Sandile suspected that her family had persuaded her to end the relationship. He did not think that his multiple infidelities were a factor, as he did not believe that Sindi knew he had been unfaithful. At the final interview, Sandile was still "fighting" to get Sindi back, although he admitted to having had other sexual partners since their break-up.

Narrative 4: Mandla

Mandla, 37, is an electrician who lives with his partner Nothando in a rented flat in an urban informal settlement. Mandla was raised by his mother and grandmother in a rural area. His mother had been impregnated during a traditional wedding celebration while still a teenager, and subsequently had to drop out of school. Mandla's father was already married, but agreed to support Mandla as long as his wife did not find out about his illegitimate child. Mandla's grandmother was not happy, but agreed to raise her daughter's child, and in Mandla's words was a "father and mother to me in every way." Mandla says his father "loved" him and made an effort to visit Mandla and his mother, although his father died when Mandla was still quite young. Mandla feels grateful for the things his grandmother taught him and reported having a good relationship with his mother.

Mandla reported having had 10 or 12 sexual partners, starting after he dropped out of school at the age of 15. He was reluctant to talk about his past sexual partners, saying *"it was not the proper life and I would not like to talk about it in any way."* In his words,

> *You know when you grow up there are stages that you have to pass… there is a time when you are a young man [when] you would want to have sex just for the word sex…. I have also passed that stage… I had a girlfriend that I would call her my "steady", then there would be girls that you would tell that you love them yet you want to have sex with them.*

His first sexual partnerships were sporadic encounters with girls his own age. As Mandla remembers it, at that time few people had HIV, and condoms were not widely used. When he started his electrician's training at the age of 19, he had somewhat longer sexual relationships. One sexual partner had a boyfriend who lived some distance away, so she and Mandla agreed they were "helping each other" and kept their relationship secret. Once he started working as an electrician, he reported that women were "throwing themselves" at him because he had money. Mandla fell in love with the beautiful and sought-after Thembi, a cousin of his neighbor. In Mandla's words, *"I did not waste time. I told her straight that I loved her and I would love to make her the mother of my children."* Thembi told him that he must give her "time to think" and must "prove" himself to her to show her that he truly loved her. Two months later, she agreed to a relationship. According to Mandla's account, she got pregnant the first time they had sex.

Thembi continued to live with her mother after their child was born, but Mandla claims that he quit having concurrent partners after the birth as he "wanted to be a good father." Mandla says he "loved her with all my heart" and planned to marry her. Before he could do so, Thembi "betrayed" him. Mandla had traveled to another part of the country for work and left Thembi staying in his house while he was away. Upon returning to his house he found clear evidence that Thembi had been unfaithful. Mandla was "heartbroken", and told himself that Thembi had probably been cheating for some

time during his frequent work-related travel. Mandla told Thembi he never wanted to see her again, but agreed that their child could continue to live with her.

Some time later, Mandla was in another town for work and eating lunch at an outdoor restaurant when he saw Nothando. He invited her to join him for lunch, which she did. Mandla was used to finding a new girlfriend whenever he was working in a new place, but he and Nothando had such rapport that he invited her to come live with him in Manzini, where she could look for a job. He did not expect her to actually come, but at the end of the month, Nothando did in fact come to Manzini, and moved into Mandla's house. From her first day in Manzini, Mandla and Nothando were lovers, without ever discussing the matter. As Mandla explained, *"I was tired of one-night stands and I needed a proper wife who was going to cook for me and wash for me,"* and he decided to "give her a chance." Mandla also remarked that he was generally "tired" of having multiple sexual partners and that it was time for him to "grow up" and "focus" on a relationship. He wanted to live a "proper life", which he defined as *"having one partner, being faithful to your partner, and avoiding conflict in every way."*

At the beginning of research, Mandla and Nothando were living together and preparing for marriage. Mandla said that Nothando "has not disappointed [him] until today." They were together saving money for a wedding, although Mandla said they were "not in a hurry." Nothando was taking birth control tablets as she did not want to get pregnant before marriage, a decision that Mandla supported. Nothando feared that if she and Mandla separated, the child would "suffer", while Mandla did not want to repeat the experience of separating from his child's mother and then having to pay to support the child. By the final interview, Mandla had paid *lobola* for Nothando, meaning that they

were now married through Swazi law and custom. Mandla feels that his relationship with Nothando had improved since paying *lobola* for her, as she no longer worries that he will "leave her for someone better."

Relationship trajectories

Early childhood experiences and social learning

Childhood experiences shaped expectations and determined trajectories of participants' sexual relationships in significant ways. Some participants reported close and loving relationships between members of their families, and a few had lived for most or all of their lives on family homesteads, surrounded by members of their extended families. They were the exception rather than the norm. Many participants reported very painful childhood experiences, including not knowing their fathers, abandonment by mothers and fathers, and witnessing or experiencing violence and abuse. Some participants had bitter feelings towards the lack of care they had received from their parents, as the woman who said, "I never experienced my mother's love," and that the only thing she had ever learned from her father was "violence." In Thuli's mind, her father's choice to neglect his family in favor of his girlfriend had caused the family to suffer and had cost Thuli her education. Another woman (20s, partnered) remarked,

> *I don't know what it's like to be with your parents, to get their love… I live that life where I have to think for myself because it feels like my parents are dead even though they're still alive. I just need them to play their role and help me here and there but they don't do that.*

Participants' adult lives replicated the circumstances of their own childhoods to a striking degree. Those who had grown up with married parents were likely to themselves have married, while those with unmarried parents were likely to have never married

(Table 10). Only two women did not follow this precedent. Women whose parents had children from multiple partners and who had lacked stability in their childhoods were likely to have had adulthoods characterized by unstable romantic relationships and children from different fathers. Like Thuli, women who had watched their mothers stay with unfaithful or abusive partners were likely themselves to tolerate infidelity or abuse from their partners. Other men and women stated explicitly that they did not want to repeat their parents' mistakes. Some participants were quite self-aware about how they had been affected by adverse childhood experiences, as the woman (20s, partnered) who said,

> *Life wasn't easy when I was growing up. My parents used to fight when drunk, and I was young and I ended up being confused when they were fighting… As a child I ended up suffering, like I felt I was not well taken care off by my parents… It had a negative impact in my life because I also ended up drinking and smoking, something that has no benefit in my life… We are not a united and loving family. I can say this is the reason we decide to live with our boyfriends, [while] not married to them, as we are looking for love and closure.*

Table 10: Selected life experiences of participants

		Women (N = 14)	Men (N = 14)
Knew biological father		11	9
Lived with both parents throughout childhood		5	2
Expected to marry or be with 1st sexual partner "forever"		10	6
Married 1st sexual partner		0	3
Described 1st sexual encounter as "forced" or "rape"		3	0
Ever had a partner who was 10 or more years older		6	1
Ever had children		12	8
	Had child with 1st sexual partner	*6*	*3*
	Had first child while a teenager	*5*	*0*
	Had children by more than one partner	*6*	*2*
Ever married		7	5
	Parents ever married	*6*	*2*
	Parents never married	*1*	*3*
Never married		7	9
	Parent ever married	*1*	*5*
	Parent never married	*6*	*4*
Concurrent sexual partnership, ever		8	10
Concurrent sexual partnership, during research		4	6
Partner had concurrent sexual partner (cheated), ever		14	8
Partner had concurrent sexual partner (cheated), during research		6	1

Many participants reported growing up with a lack of positive models of couple relationships. Half of men and half of women in this research had parents who were married, but some of these marriages were quite troubled, as in the case of Thuli's parents. Another woman (20s, married) remarked,

> *My mother and father are an example of a bad relationship… Every time when my father is drunk they have heated arguments and that's not a good thing as they*

> *are supposed to be leading [by being] a good example… It affects me because they are always quarrelling and we should be learning something from them. But they are just bad examples.*

Like Zanele, many participants had experienced their parents' separation. Eight participants, including Mandla, had never known their biological fathers, because their fathers had either died prematurely or were only briefly acquainted with participants' mothers. A number of participants also felt that they had been abandoned, rejected, or neglected by their mother when she moved away to pursue a job opportunity or new relationship, leaving her children in the care of a grandmother or other relative. Approximately half of participants had lived with grandmothers or other older relatives, and some had been shuffled between different households during their childhoods. Only seven participants had lived with both parents throughout their childhood.

Some participants who could not look to their parents as examples of healthy relationships had found positive role models elsewhere, as in the case of two men who had chosen to conduct courtships and marry under the supervision of their pastors (including abiding by strict rules about not having sex until marriage). However, most participants thought that the quality of most relationships in their communities was poor, among both their peers and their elders, and a few participants reported not having any positive role models. Participants perceived that most people in their communities were cheating, unfaithful, and dishonest in their relationships, although many also recounted examples of couples that they admired and desired to emulate. Participants were particularly likely to look up to the relationships of older couples, and leaders and pastors in their churches. One man (30s, cohabiting) said that bad relationships affected the "nation as a whole", while another men (30s, married) stated:

A bad relationship in the community affects everyone. If, for example, I always abuse my wife, what will the young boys copy from me? I am trying to say that it is for the benefit of everyone that each person must respect his relationship.

First sexual encounters

As illustrated in both Zanele's and Thuli's stories, women were often pursued by older sexual partners while still adolescents, and often reported feeling coerced, persuaded, or tricked into having sex against their will. Women also commonly reported being wooed with money and gifts, although some women reported that they had refused to have sex with a man even after receiving gifts or money. Very few women represented their first sexual encounters as being a positive experience, and three women called their first sex "forced" or "rape." Notably, ten of the fourteen women in this research (including Zanele) said that they hoped or expected to marry their first partner or be with them forever, and like Zanele and Thuli, many felt hurt and used when their hopes were disappointed. Several male partners made promises of marriage, but not one woman ultimately married her first partner.

Men, in contrast to women, admitted that they were strongly motivated during adolescence to have sex. They often engaged in relatively short-term and casual partnerships with age-mates, as did Mandla and Sandile. While women often described their first sexual encounters in great detail, male participants in this research typically had little to say about their first sexual partners. They did not seem to experience the same emotion, and frequent hurt and betrayal, that women did surrounding their first sexual encounters. Six men reported intentions to marry their first sexual partner, and three had married the woman they claimed was their first and only lifetime sexual partner.

Pregnancy and parenthood

In six cases, women's first sexual partnerships led to pregnancy, and five women in this research became mothers while still teenagers. For all women, having a child had long-term consequences and changed the trajectories of their future sexual relationships. Women became economically vulnerable and often economically dependent on their children's fathers, and on future male partners. No woman in this research ever explicitly stated that she had entered a sexual relationship because of poverty or to provide for her children. Yet women's difficulty in financially providing for their children, the importance of financial support from male partners, and the inadequate support provided by their children's fathers, were a constant refrain throughout women's stories.

Women were also loathe to separate from the fathers of their children due to the stigma of having children from different fathers, the difficulty of finding a new partner who would accept another man's children, and their desire for their children's fathers to be involved in their children's lives. Both Zanele and Thuli reported being strongly motivated to continue their relationships with their children's fathers because they did not want, as Thuli said, to have "kids with different surnames." In fact, both women were somewhat unusual in not having children by different men. Of the twelve women in this research who were mothers, six had had children with two or more men, and six were not in a relationship with the father of any of their children at the start of research.

Eight men in this research (including six of seven men in their 30s) reported having children, and five men were living with their children. Having children did not influence the course of men's sexual relationships as it did for women. While most men with children represented themselves as responsible fathers who provided for their children, in no case did a man have his child live with him after a separation from the

child's mother. In multiple instances in this research, men hid the existence of their children until well into a relationship with a new woman. Furthermore, the stigma associated with having children out of wedlock appeared to be directly solely towards women. One woman (30s, partnered) reported that her long-time partner's family was refusing to allow their marriage on the grounds that she had children from another relationship, while the fact that he also had children from another relationship was not an issue.

Some men did perceive that fatherhood had changed them for the better. Mandla's experience of deciding to be sexually faithful to his partner after they had a child together was not unique. Another man (30s, cohabiting) recounted,

> *I used to spend a lot of time and money with friends, going out drinking and maybe spending on girls. Since I met my partner, I had to be responsible. The first month she got pregnant she insisted that I should open a savings account for my child, which was a clever decision.*

Pregnancy and childbirth were times in which some partnerships were strained and tested. Two women in this research reported having had a partner cheat on them during pregnancy, with one man giving as his excuse that his pregnant girlfriend could no longer have sex. Other women had their baby's father abandon them soon after childbirth, or deny paternity.

Marriage and maturity

Marriage was a nearly universal desire among men and women in this research (Zanele's ambivalence being a notable exception) and was associated by participants with stability, respectability, maturity, and sexual fidelity. While most women began to dream of marriage from their first sexual relationship, some reached their goal, like Thuli, only after years of patiently enduring a tumultuous relationship and repeated infidelity. Other

women chose to marry and stay married, despite a lack of satisfaction with their marriages, because they valued the social status of marriage. One married woman in her 30s explained her decision to marry by saying, *"I wanted someone who would make me a human being at the end of it all and not be like other girls who just wander without marriage."* Yet other women's aspirations to marry appeared chimerical, as for two women in their late 30s who hoped to leave behind a string of abusive relationships and finally find a good man to marry.

Most men also hoped to marry, but possessed both the power to marry, if they wished, and the ability to delay marriage for some years without hindering their chances of someday being wed. Notably, *all* of the unmarried men in this research expressed a desire to marry their current main partners, although most also gave reasons why they planned to delay marriage for some years. Men felt they had to save money for a wedding and the *lobola* (bride price) required by Swazi tradition, and become more financially stable. They also believed that once they married they should stop having outside partners, a step which most men in their 20s seemed not yet ready to take. Like Sandile, every unmarried man but one in his 20s was cheating on the very partner he professed to love and intend to wed. Some men, including Sandile, expressed considerable shame and remorse over their lack of fidelity. They seemed caught between the competing impulses of respectability (including monogamy and marriage) and the desire to enjoy themselves through having multiple partners.

In contrast, almost to a man, men in their 30s represented themselves as having already achieved monogamy and respectability. As one man said (30s, cohabiting), "Look at how old I am. I could not be running after woman at this age… I have to settle

down, get my wife and take her home." In fact, this was the only man in his 30s who *did* admit, very obliquely, that he was still having concurrent partners. Mandla, in his 30s, is reluctant to talk about the sexual partnerships of his 20s, which he calls "not the proper life." At the age of 29, he decided he was ready to settle down and commit to a woman, and by his account, he has been faithful to Nothando since.

Most participants in this research expressed optimism about the trajectory of their current relationships, often despite painful past experiences. They expected to marry, to raise children with a partner, and in the words of one participant, "to be a happy family." However, for some participants, middle age also brought more sober outlooks. One woman in her late 30s was sure that if her current relationship failed she wouldn't have another relationship, confessing, "I am really tired, and men, they are all the same. We have problems, but you decide to stay and you tell yourself that this time I will make it work as I am tired."

Relationship transitions

Many of the relationships described by participants in this research were notable for their lack of clear-cut transitions. It was often not apparent from participant's accounts when sexual partnerships had begun or ended, how many times a participants had separated from and reconciled with a sexual partner, or even whether a participant was still involved in a certain sexual partnership at the time of the interview. Much of this lack of clarity was likely due to participants' reluctance to fully disclose the personal details of their lives. Yet in some cases the participants themselves seemed unsure of the current status of a relationship, particularly when a partner lived some distance away and was not seen on a regular basis.

The longitudinal nature of this research, with participants being followed up for an average of 9 months, allowed for the observation of a number of relationship transitions. These transitions are summarized in Table 11. Over the course of the research, two men and two women married their partners, while two men and four women permanently separated from their partners. Most men and women were still with their original partners at the end of the research. Seven men who had been dating or cohabiting at the start of the research were still dating or cohabiting with those partners, although four of these men had cheated on their partners. Four unmarried women were still with their original partners at the end of research. In two cases, the male partner had had another sexual partner but the relationship had continued, and in an additional two cases, the couple had separated and then reconciled.

Table 11: Changes in relationship status over research period

Men (N = 14)	Women (N = 14)
Change in relationship status	
2 men married their partners*	2 women married their partners*
2 men permanently separated from girlfriends • 1 entered multiple new partnerships	4 women permanently separated from boyfriends or cohabitating partners • 3 entered new partnership
	2 women separated from, then reconciled with partners • 1 had other partners during separation • 2 hope to marry partner
No change in relationship status	
7 men dating or cohabiting with same partner throughout research • 4 dating, 3 cohabiting • 4 cheated on partner during research • 7 intend to marry partner	2 women dating or cohabiting with same partner throughout research • 2 dating and periodically cohabiting with partner • 2 cheated on by partner • 2 hope to marry partner
3 men married throughout research	3 women married throughout research 1 woman single throughout research

* All marriages were through Swazi law and custom, and in some cases the series of events involved in traditional marriage had been initiated but not yet completed.

Initiation of sexual partnerships

Participants in this research described 98 distinct sexual partnerships as part of their life histories (women 51 and men 47). The circumstances in which sexual partnerships began were extremely varied, ranging from the traditional (a young widower pursuing a hard-working farmer's daughter at the encouragement of his father and brothers), to the decidedly modern (a young woman starting her most recent romance through the social network Facebook). Men were usually, although not always, the initiators, and almost every woman had stories of men "proposing love." Some women

put off their would-be suitors for weeks or months, and did not agree to have sex until many more months had passed, while other couples had sex the first day of their acquaintance.

A striking feature of many partnerships was that couples initiated a sexual relationship after only the briefest of acquaintances, in partnerships ranging from one-night stands to long-term partnerships (such as Mandla and Nothando's relationship). Many participants reported that sex just "happened", with no discussion of the relationship or issues such as condom use, HIV status or testing, or other sexual partners. Participants, especially women, were often surprised to discover, some time into the relationship, that their partner had other sexual partners. This could occur even when the couple knew each other quite well, as in the case of Thuli and Enoch.

Break-ups[5]

The ending of a partnership is a key transition. According to participant's accounts, in 35 of the 98 relationships described in this research, one of the partners had chosen to end the partnership. Women reported 26 such partnerships, while men reported only 9. In contrast, men reported 20 partnerships in which they did not give a reason for a break-up, or did not expect the relationship to continue beyond a few episodes of sex, while women reported only 8 such partnerships. The remaining partnerships either were ongoing, or ended for other reasons, as shown in Table 12.

These differences in how men and women described their break-ups may be partly explained by the fact that women were more willing to discuss failed relationships,

[5] In describing the ending of their partnerships, participants used the siSwati words *sahlukana,* which means "we broke up", and *sa-break-up,* a hybrid of the English word "break-up" and the siSwati prefix *sa-,* meaning "we." Therefore the colloquial term "break-up" is used to mimic the emic terms of participants.

while men may have been more likely not to mention such partnerships, or to deny that they had had any expectations beyond a small number of sexual encounters. Another possibility is that women may have been more likely to have expectations of a longer-term relationship in the very same partnerships which men deemed to be purely casual. Women may thus have perceived more break-ups (to relationships in which they were emotionally invested), whereas men may have perceived more partnerships to which they had no emotional ties, obligations, or expectations.

Table 12 shows the reasons which men and women gave for the ending of relationships in which they perceived that one partner had taken steps to end the relationship. The most common reason given by men and women for their own decision to end a partnership was that their partner had cheated. Notably, not a single participant recounted a break-up which was due to his or her own infidelity, which may imply a selective telling of sexual histories. A number of participants did admit their own infidelities, but in every case the main partner seemed to either not know, or not choose to make it grounds for ending the relationship.

Table 12: Circumstances of relationship break-ups

	Men's partnerships (N = 47)	Women's partnerships (N = 51)
Man ended partnership	5	10
Woman had other partner(s)	*5*	*0*
Man moved away or cut off contact (no reason given)	*0*	*5*
Man married someone else	*0*	*2*
Woman's other partner found out about partnership	*0*	*1*
Man's other partner found out about partnership	*0*	*1*
Woman refused to have sex	*0*	*1*
Woman ended partnership	4	16*
Man had other partner(s)	*0*	*9*
Man abused alcohol and/or drugs	*1*	*4*
Man physically abusive	*0*	*4*
Woman chose another sexual partner	*1*	*1*
Woman's husband found out about partnership	*0*	*1*
Man lying	*0*	*2*
Man not providing adequate financial support	*1*	*1*
Man not "born again"	*1*	*0*
Partnership ended for other reasons	26	11
No reason given by participant	*20*	*8*
Partner moved away or family forced separation[†]	*5*	*1*
Partner died	*1*	*2*
Partnership ongoing	12	14

*Some partnerships are included in multiple categories, particularly in cases in which women ended relationships with men who were violent, abusing alcohol, and had other sexual partners.

[†] In the case of adolescent relationships, when adolescent had no choice about move or separation

The *only* reason that men gave for ending a sexual partnership was that a female partner was unfaithful. This implies either that they were not willing to admit the existence of other relationship problems, that those problems were not considered cause

for separation, or that every troubled relationship eventually ended in the woman seeking another sexual partner, precipitating a break-up. In some instances, such as Sandile's partnership with the "fast" woman, male participants expressed that a sexual partner lacked certain desirable qualities, but this did not seem to be sufficient cause for them to end a sexual relationship.

Women discussed ten cases in which male partners had broken off relationships. In most cases, there seemed to have been little or no discussion of the ending of the relationship. In five cases, women simply stated that a man had moved away or cut off contact, with apparently no explanation of this decision. In another case, a woman heard (not from her lover) that her on-again, off-again secret lover was going to marry someone else. One woman reported that her secret lover ended the relationship when her main partner physically threatened him, and in another case a woman made her relationship with her secret lover public, causing him to break off the relationship.

Women gave many reasons for breaking off sexual relationships. While a partner's infidelity was the most common reason, women also reported a constellation of other reasons, including a partner abusing alcohol, being physically violent and abusive, lying, and not providing financially. In two cases a woman ended a relationship with one lover to marry her other partner, while in another case a woman's husband found out about her secret lover, forcing her to cut off her affair. Men also gave several reasons for why women had broken off relationships, but even in cases in which men had concurrent partners, in no case did a man state that his infidelity was the reason a woman had ended the relationship.

Infidelity

Manuscript One described the prevalence of concurrency reported by participants at the beginning of this research (Table 5). Eight of 14 men, and 10 of 14 women, reported having engaged in concurrent sexual partnerships themselves, and 8 of 14 men and all 14 women reported having ever had a partner who had another partner at the same time. At the start of research, three men and five women reported that they currently had concurrent partners. Data collected over the course of the research suggested that these initial figures may have been underestimates. Altogether, 14 of 28 participants reported during the research period either that they had a concurrent partnership, or that a partner did. In some cases, both partners had concurrent partners during the research period.

Six men reported having concurrent partners during the research period, including one man who claimed at the start of research that he had only one lifetime sexual partner. One man also discovered his girlfriend cheating, resulting in the ending of their relationship, while another man suspected his girlfriend of cheating but did not end the relationship. Four women discovered during the research that their partners were cheating, and two ended the relationship, while the other two did not. Of the five women who reported concurrent partners at the start of the research, two ended their concurrent partnerships during the research period. Two women separated from long-term partners, but then reconciled, during the research period, with both having relationships with other men in the interim.

Discussion

Participants' life histories were a testament to the power of social learning, beginning with relationships and family dynamics they witnessed during childhood.

According to Social Cognitive Theory (SCT) (Bandura, 1977), social learning occurs as people learn from one another through observation, imitation, and modeling, and "this coded information serves as a guide for action" (p. 22). These processes were evident in the way that participants followed to a remarkable degree the blueprints for family life laid out in their birth families. This tendency to imitate was noted even when generational patterns were ones that participants wished to break, such as patterns of alcohol use, violence, and abuse. The links between witnessing and experiencing abuse as a child and experiencing or perpetrating violence as an adult are well established (Heise, 1998; Jewkes, Levin, & Penn-Kekana, 2002), and women who have experienced intimate partner violence have been found to have an increased risk of HIV infection in Africa (Dude, 2009; Dunkle et al., 2004) and elsewhere (Sareen, Pagura, & Grant, 2009; Silverman, Decker, Saggurti, Balaiah, & Raj, 2008). Similarly, children of alcohol abusers are more likely to abuse alcohol themselves (J. M. Campbell & Oei, 2010; Kerr, Capaldi, Pears, & Owen, 2012), and alcohol use is a well-known risk factor for HIV acquisition for both men and women (Fisher, Bang, & Kapiga, 2007; Fritz, Morojele, & Kalichman, 2010).

SCT also posits that individuals are "producers as well as products of social systems" (Bandura, 2001), and thus are also agents who can make choices, set goals, and shape their environments. Also notable in this research were the men and women who had chosen not to follow in the footsteps of their parents, such as men who had chosen to marry and be involved in their children's lives, despite being raised without married parents or present fathers. In other cases, women stated that they had been careful to choose partners who were not violent and abusive, as their fathers had been. Men and

women who chose to direct their lives in what they felt were positive ways often spoke of the importance of role models (particularly couples with happy marriages) and communities which supported and reinforced their chosen values (such as church communities).

For many participants, the impact of adverse childhood experiences was never fully explained, but rather seemed to bubble just beneath the surface of their spoken narratives. Whether participants consciously experienced the effects of childhood neglect and abuse or not, these effects may be surmised. A substantial body of research has shown the importance of secure attachment to parents or other caregivers during infancy and childhood, and that a lack of secure attachment has lifelong adverse effects on an individual's intimate and sexual relationships (Mikulincer et al., 2002). While many participants in this research reported close and loving relationships with their parents and other family members, others reported relationships that were detached, abusive, lacking in love, and the source of lifelong pain.

Growing up without both parents, as did most participants in this research, may also be considered an adverse childhood event, as it is associated with poorer sexual and reproductive health, including earlier sexual debut and higher risk of adolescent pregnancy (Blum & Mmari, 2005). Previous research has also found that children's health suffers when the quality of their parents' relationship is poor (Hair et al., 2009; Surkan & Poteat, 2011). National-level data suggest that adverse childhood experiences are very common among Swazi children, with one-quarter of children having lost one parent, 4% of children having lost both parents, and only 22% of children living with both parents (CSO & Macro International Inc., 2008).

This research confirms previous findings that while adolescent boys and young men tend to have sex with age-mates, girls and young women often have older sexual partners. According to the 2006/7 Demographic and Health Survey, 7% of girls ages 15-19 who had higher-risk sex in the past year did so with a partner who was 10 or more years older (CSO & Macro International Inc., 2008). Girls and women are at increased risk of HIV in age-disparate partnerships (Kelly et al., 2003) although they often do not perceive themselves to be at risk (Leclerc-Madlala, 2008). Girls and young women have been shown to have very high per-act risk of HIV infection at the beginning of their sexual lives (Glynn et al., 2001; Pettifor, Hudgens, Levandowski, Rees, & Cohen, 2007), and are also put at risk through lack of condom use (Clark et al., 2006; Glynn et al., 2001).

While girls' and young women's lack of condom use is usually attributed to their lack of power (Luke, 2005), the stories that women told in this research suggest another dynamic of risk. If a girl or young woman naïvely believes her relationship to be one of love, trust, and lifelong commitment, she may believe her partner when he tells her there is no need for them to use condoms, and may herself see no need for condom use. Therefore vulnerable girls and young women may need not only a message of empowerment, but also education on the true nature and likely trajectories of their sexual relationships, so that they may more accurately assess their risk. Not marrying one's first sexual partner has been identified as a distinct risk factor for HIV (Boileau et al., 2009), and while a majority of women in this research expected to marry their first sexual partner, none did.

For most participants in this research, parenthood preceded marriage. Other research in southern Africa has noted this pattern, as well as the paradox of low marriages rates in the presence of widespread aspirations to marry (Harrison & O'Sullivan, 2010; Hosegood et al., 2009). While 85% of Swazi women and 52% of Swazi men in their 20s and 30s have children, only half this number are married (42% of women and 26% of men), according to the 2006/7 DHS.[i] Furthermore, for this age cohort, 65% of mothers had their first child before the age of 20, and 40% of fathers have fathered children with more than one woman. While getting married seemed to be many women's primary objective in their romantic relationships, having children before marriage often threatened this goal. Men often hid the existence of children from sexual partners, and by women's accounts often failed to adequately support their children financially, but women could not so easily shirk their responsibilities to their children.

In this research, marriage was described as being associated with maturity, commitment and sexual monogamy. Given that men generally described marriage as an event to be delayed until they were ready to settle down and commit to a partner, marriage may be more a product of intentions to be faithful, rather than vice-versa. Men in their 20s declared intentions to marry, but for the most part were honest that they were not faithful to their primary partners. Harrison and Sullivan, in their qualitative study of young men and women in KwaZulu-Natal, describe a male cultural script of "entitled freedom to 'look around' before settling down" (Harrison & O'Sullivan, 2010, p. 995). In an ethnographic study of marriage and HIV risk in Uganda, Parikh comments that young men who find themselves without the economic resources to marry may engage in

multiple and concurrent sexual partnerships as an "alternative route to masculinity" (Parikh, 2007, p. 1206).

The desire that men expressed to marry and commit to their partners may also have reflected a cultural script rather than actual intentions. Anthropologist Suzanne Leclerc-Madlala reminds us that cultural scripts around sexuality often have more to do with "assumptions and expectations" rather than "people's actual behavior" (Leclerc-Madlala, 2009, p. 105) Yet most men truly seemed to love their main partners, even if they were not faithful to them. Men in their 30s, almost without exception, represented themselves as having reached an age of respectability, maturity, and monogamy. As discussed in Manuscript One, men may have in part been expressing social ideals rather than describing their actual behavior, and this social desirability bias may have been heightened by the age of the male interviewer, who was in his 20s and perceived to be of a younger age cohort. Future research would benefit from interviewing both members of a couple to corroborate accounts of sexual behavior and also the timing and circumstances of relationship initiation and dissolution. Future research might also investigate relationship ideals, and changes in these ideals over time, in later decades in the life-course.

In this research, women perceived more break-ups than did men, while men were more likely to represent a partnership as involving no emotional connection or expectations. Women had considerable agency in beginning and ending sexual partnerships, although in many cases women also chose to stay in abusive, unhealthy relationships, or with partners they knew to be unfaithful. A number of women told stories consistent with the cultural script that "a woman should be prepared for, endure,

and forgive a partner's infidelity" (Leclerc-Madlala, 2009, p. 105), while other women refused to tolerate such behavior from male partners.

Men's and women's accounts were both notable for the fact that relationships often ended with little discussion or attempt to save the relationship, and often not until after the participant had started a relationship with another sexual partner. Rather than ending a sexual partnership and then beginning the search for a new sexual partner, in many cases participants held on to existing sexual partnerships until the new sexual partnership had become established. The distinction between these two sexual partnering norms may seem slight, but in fact small differentials in the gap or overlap between sexual partnerships may be epidemiologically crucial (Morris & Kretzschmar, 1997). A gap between sexual partners that is longer than the period of acute infection (typically, a few months) ensures that neither partner will enter the new sexual partnership recently infected, and highly infectious (Mah & Halperin, 2008). Conversely, even small periods of sexual concurrency magnify the risk of HIV transmission, as people may be exposed to new sexual partners with recent infections and high viral loads, and HIV can spread rapidly through networks of sexual partners (Mah & Shelton, 2011).

Conclusion

A central question in this research is to what degree participants were describing the objectively true circumstances of their lives, and to what degree they were creating and presenting to the researchers idealized identities and life histories. Was it true that no participant had ever caused the demise of a relationship through his or her own infidelity? Were men of the age at which men should be mature and responsible, really the models of sexual fidelity that they represented themselves to be? Were women as deceived,

coerced, and hapless as they remember themselves to be in their first sexual experiences, or were they simply unwilling to admit their own desire and agency? Women generally described their disappointments and failures more frankly than did men, and a great many accounts from both men and women seemed too divergent from social ideals, too detailed, and too full of color and texture to be mere inventions. It seems more likely that participants omitted, rather than invented, passages in their histories. Yet for both genders, we have only the participant's word.

In grappling with questions of truth and representation among life histories of South African sex workers, Catherine Campbell writes that "objective veracity" is not really the point, but rather how "people reconstruct and account for their life choices" and thus "reflect social identities" (C. Campbell, 2000, p. 489). Researchers of sexual behavior would do well to remember that the stories people tell possess validity whether or not they are objectively true. As researchers, it is our task to decide whether to interpret the data we receive as straightforward "facts", or rather as statements about social reality. If we fail to accurately interpret the data we receive, the fault lies not in the data (nor in the people who proffer those data), but rather in us. The challenge for research is to more accurately describe both the actual behavior and the social reality of individuals whose mental, emotional, and physical health is at risk. A deeper understanding of the disjunctures between actual behaviors, and what is socially desired, should pave the way for interventions that seek to align these two realities in ways that decrease risk and enhance health and well-being.

CONCLUSION

Summary of Findings

This investigation of sexual partnership dynamics and relationship satisfaction among Swazi adults revealed that many partnerships were characterized by instability, sexual concurrency, and in some cases, abuse and violence. A majority of participants in the life-course interviews were engaged in sexual behaviors which put them at high risk for HIV acquisition, including having a concurrent sexual partner or a partner with a concurrent sexual partner, large numbers of sexual partners, and low rates of condom usage. All women had at some point had a partner cheat on them, as had most men, and most women and men in the research had themselves had a concurrent sexual partnership. Men and women distinguished sexual partnerships based on love from those that only involved sex or "lust." Men were more likely to report partnerships based on lust, which did not involve emotional connection or commitment, while women represented most of their sexual partnerships as being based on love.

Participants in the life-course interviews and FGDs identified love, respect, honesty, trust, communication, sexual satisfaction, and sexual faithfulness as being important relationship characteristics. These characteristics were found to correspond closely to dimensions of relationship quality recognized by researchers in other contexts, suggesting much common ground between the relationships of Swazis and people in other parts of the world. Most participants in the life-course interviews reported a high degree of satisfaction in their relationships, even while admitting that their relationships were sometimes challenged by lack of honesty and trust, sexual infidelity and other relationship issues. FGD participants communicated a more pessimistic view of the

quality of relationship satisfaction in Swaziland than did participants in life-course interviews. Marriage counselors and counselees reported similar relationship challenges to those reported by other participants in the research, although counselors and counselees universally felt, based on their experience, that marriage counseling was an effective means to resolve relationship problems and strengthen couple relationships.

A life-course perspective revealed that many relationship trajectories and situations of HIV risk had antecedents in participants' childhood experiences, social learning over time, and previous life circumstances and decisions. While nearly all men and women desired marriage, women's relationships typically did not end in marriage (as they wished), and women often traveled a rocky road to marriage, if they married at all. Both men and women associated marriage with maturity and monogamy, and men generally planned to delay marriage until their 30s, after they had achieved some financial stability and enjoyed a period of multiple sexual partnerships.

Strengths and Limitations

This study relied on rich ethnographic data acquired from FGDs and in-depth interviews, including multiple life-course interviews conducted with 28 individuals over an average of nine months. The multi-pronged nature of the study allowed for data from different sources to be triangulated and compared. We noted areas in which Swazis seemed to have different experiences, such as perceptions of higher relationship quality among individuals who had received marriage counseling compared to other participants. At times, the perceptions of one group highlighted the possibility of social desirability bias in how another group represented their experiences. For example, the social norms described by FGD participants diverged significantly from the high degree of relationship

satisfaction reported by men and women in the life-course interviews, and from claims of sexual fidelity made by nearly all men in their 30s during life-course interviews.

The methodology employed in the life-course interviews allowed for trust and rapport to be built between the interviewer and participant. We noted that participants often disclosed information that was more personal and less socially desirable, such as multiple sexual partnerships or lack of relationship satisfaction, as the relationship between interviewer and participant developed over time. The longitudinal nature of these interviews also allowed for events such as initiation or dissolution of sexual partnerships to be observed in "real time", providing for a richer understanding and thicker description of relationship transitions and trajectories.

Such intensive qualitative methods may elicit more nuanced and accurate data on sexual partnerships than do other methodologies which do not allow for the development of trust between interviewer and participant. A participant may have little incentive to accurately report sensitive and non-socially desirable behaviors when being questioned by a stranger, using a standard and impersonal questionnaire. This study also had the advantage of collecting data about partners' concurrency. We freely admit that there may be a gap between the stories told by participants in this research and the objective reality of their lives. We would argue, adopting a constructivist perspective, that the validity of any research regarding sexual behavior must be assessed with these questions of truth and representation in mind.

One limitation of such intensive qualitative methods is that the number of participants is necessarily small, and for both this reason and due to the non-random nature of the sampling methods employed, findings are not necessarily generalizable to a

larger population. The participants in this research may have differed from other Swazis in their age cohort in significant ways, such as being more likely to live in or have frequent contact with urban areas and cultures. They were perhaps also more likely to be unemployed or under-employed, and thus their willingness to spend time participating in a research study. We cannot discount the possible effect of our sampling methodology, as Swazis who were present at that particular shopping location on a Saturday morning and willing to talk to a stranger about participation in a research study may differ from other Swazis in additional ways that we did not discern. Another obvious limitation of these findings is that they speak only to the experience of Swazis in their 20s and 30s, and the (retrospective) experiences of Swazi teens a decade or two in the past. This research cannot address what generational differences may exist between this age cohort and older Swazis, or contemporary teenagers.

Nevertheless, we noted enough similarities between the accounts of participants in this research and their descriptions of social norms in their society that we believe that many findings of this research may be transferrable to young adult populations in Swaziland and to other culturally similar groups in the region. Many themes identified in this research, from social norms of multiple and concurrent sexual partnerships to findings regarding relationship quality and satisfaction, have also been noted in previous research in the region. We hope that this research will provide greater nuance and understanding to many of these issues as well as serve as a basis for future research to further explore and validate these findings. Trends such as high rates of out-of-wedlock births, low rates of marriage, and large numbers of children not living with birth parents

are also reinforced by triangulation with population-level data from the 2006/7 Swaziland DHS.

The interpretation of data in this research was aided not only by rather mechanical tools such as NVivo and content analysis, but also by sharing and discussing results with research participants and with Swazis with insight into Swazi sexual cultures (member checking), and by the two years that I spent living in Swaziland and observing Swazi culture and society. This is not to say that a different researcher might not have reached different conclusions. Yet I hope that the broad strokes of this research will "ring true" and prove relevant and useful to researchers, policy makers, those planning and carrying out HIV prevention programs, and others concerned with issues of HIV prevention, couple relationships, and family life in the southern African region.

Implications for Programming, Policy, and Research

Potential for intervention

I submit that sexual partnership dynamics and couple relationship quality are critical to any intervention which relies on couple-level behaviors or behaviors which might be influenced by a sexual partner, and that research of couple relationships thus has relevance and application to a broad range of health issues and interventions. The list of such interventions could include: HIV testing, including couples' HIV counseling and testing (CHCT); HIV treatment adherence, PrEP and treatment as prevention (TasP) strategies; the promotion of mutual sexual faithfulness or consistent condom use for HIV prevention; family planning and maternal health; prevention of intimate partner violence and abuse; management of tuberculosis, diabetes and cardiovascular diseases; and probably many others. I would also submit that intimate sexual partnerships are so

critically linked to overall physical, mental, and emotional health and well-being that increasing the quality of such relationships should be on the agenda of health promotion efforts in Swaziland and everywhere, even apart from the benefits that might accrue to the specific health issues listed above.

In this research, many participants, particularly women, expressed a strong desire to see their relationships succeed, and were disappointed and hurt when relationships ended or were threatened, such as by a partner acquiring another partner. Half of men and a majority of women who participated in the life-course interviews also expressed a desire to seek relationship counseling, when they were told that such services were available. Based on participants' accounts of the circumstances which led to severed or threatened relationships, it seems possible that relationship strengthening activities (such as marriage and relationship education) might have succeeded in saving some of the imperiled relationships seen in this research. In other cases, relationship education might have helped an individual at risk of HIV through his or her own or a partner's concurrency to decide to leave that situation of risk and seek a healthier, sexually exclusive relationship.

In fact, a few participants in the life-course interviews did seek relationship counseling or take steps to reduce their risk of HIV as a direct result of participating in this research, suggesting that at least for a minority of individuals, such changes are desired and feasible. In other cases, female participants in the life-course research seemed unable or unwilling to take steps to improve their relationships or remove themselves from relationships which put them at risk of HIV, violence, and abuse. Although the number of counselees interviewed in this research was small, and likely not generalizable

to all Swazi adults, their experience suggests that counseling may be able to increase the relationship quality and satisfaction of at least some couples.

Meta-analyses of marriage and relationship education conducted in the United States has found that such education can produce significant positive changes in communication skills and relationship quality (A. J. Hawkins, Blanchard, Baldwin, & Fawcett, 2008), including small-to-moderate effects among lower-income, higher-risk couples (A. J. Hawkins & Fackrell, 2010). Such interventions serve both to decrease relational distress and prevent relationship problems by strengthening relationship skills (Blanchard, Hawkins, Baldwin, & Fawcett, 2009). Marriage and relationship education might also stress not only skills-building, but also the societal purposes of marriage (A. J. Hawkins et al., 2004). In a culture such as Swazi culture which values social relationships and societal obligations (Kuper, 1963), couples may be motivated to invest in their own marriages or relationships by the realization that these relationships contribute to the greater good of society. Certain measures beyond the scope of public health, such as individual therapy and family-centered government policies, may also be critical to strengthening at-risk marriages and relationships. However, relationship education aimed at strengthening relationships—and by extension improving the mental, emotional, and physical health of individuals—would seem to be solidly within the mandate of public health.

Conversations with Swazi friends and colleagues about this research drew my attention to additional ways that HIV prevention interventions could and should take couples into account. CHCT initiatives could enlist HIV-infected mentor couples (rather than individuals) to counsel couples and help them successfully confront the questions,

challenges, and emotions that come with a diagnosis of HIV (Nonhlanhla Mazibuko, private communication, 1 November 2014). TasP interventions (which are currently being implemented in Swaziland) could recognize the barriers to treatment access which are rooted in dynamics of couple relationships, and actively address them through offering couples counseling focused on building conflict resolution and communication skills. Women face particular challenges in disclosing HIV infection to male partners, and in accessing and adhering to HIV treatment if they fear that making their HIV status known will negatively impact or end an already struggling relationship (Thandeka Dlamini, personal communication, 16 October 2014). This research provided evidence that couples with strong relationships listen to each other, take each other's preferences into account, and rely on each other for mutual advice and support. Helping a couple to build such dynamics in their marriage could increase their ability to discuss and support each other in health behaviors such as HIV testing and treatment (Thandeka Dlamini, personal communication, 16 October 2014).

Policies to support marriage and family life

This research also revealed many of the structural issues that create barriers for couples who desire to create strong, mutually sexually faithful relationships, and to marry. Swazi couples often live apart, due to the demands of their jobs or economic constraints, and do not see each other on a daily basis. In a context in which unemployment is high, wages are low, and many employers provide free housing, individuals may choose to stay in a job and take advantage of employer-provided housing even if this means that they are geographically separated from a spouse or partner. Distance creates loneliness and opportunities for secret sexual partnerships. Economic

considerations also drive risky sexual behavior and lack of relationship commitment in other ways, such as when women (or men) are influenced by financial support to enter or choose to remain in a risky sexual partnership, or when couples cannot afford to marry.

Such challenges require structural and policy-level solutions. Reducing poverty would reduce economic pressures which can influence women and men to have sex in partnerships and circumstances which they might not otherwise choose, and would also increase couples' ability to afford marriage. Greater flexibility in the job market would decrease the number of couples who live separately for job-related reasons. Besides general efforts towards economic development and job creation, the Swazi government could also seek to address issues of housing shortages (in urban areas) and men's lack of access to land on which to support a family (in rural areas), both of which make it difficult for men to establish their own households and marry.

In a bolder move, the government could adopt an explicit policy of promoting and supporting marriage. Tax incentives could create an economic advantage for couples to marry and for fathers to live with and support their children. The government could fund marriage strengthening activities, such as pre-marital counseling workshops offered through churches or the traditional sector, or counselors for couples who were separating or in distress. Prominent Swazis could lend their voices to a national conversation about the value of marriage to Swazi society and enlist the support and involvement of religious and traditional structures. The king could even aid men who could not afford *lobola* by contributing cows from the royal *kraal* (cattle herd), as he already does for many members of the large royal Dlamini clan.

Government programs and policies to support marriage are well-established in many countries. For example, the United States has spent hundreds of millions of dollars offering voluntary marriage and family life education to low-income couples through the Healthy Marriage Initiative, which has offered voluntary marriage and family life education to low-income couples since 2003 (Hsueh et al., 2012). The impetus for this initiative was growing evidence of the societal costs of declining marriage rates and increasing out-of-wedlock births and single-parent households, in terms of children's development and well-being, adult health and productivity, poverty, violence, and crime (Horn, 2006). A preliminary evaluation of the Supporting Health Marriage program, part of the Healthy Marriage Initiative, found that compared to a control group, couples who participated in a year-long intervention reported small but positive improvements in marital happiness and communication and slightly less physical and psychological abuse, although they were not less likely to divorce (Hsueh et al., 2012). Future evaluations will assess longer-term impacts in areas such as marital stability and child well-being (Hsueh et al., 2012).

The experience of the Supporting Healthy Marriage program indicates that such government-funded interventions have promise, while highlighting the fact that the challenges that couples face are complex and that even a well-funded, research-based intervention may have only a modest impact on most couples. A serious government-led initiative to support healthy couple relationships, including marriage, may require multiple strategies and modalities. Investment in structural solutions should not preclude funding of individually-targeted interventions such as marriage education, or vice-versa. As the evidence base for government involvement in marriage and family strengthening

continues to be built in larger and wealthier countries, more resource-constrained countries such as Swaziland may be able to learn from examples elsewhere about the optimal and most cost-effective avenues for government intervention.

Directions for further research

Current research has barely begun to scratch the surface on the topic of couple relationship dynamics, relationship satisfaction, and relationship quality in Africa. Decades of research from the United States, Europe, and elsewhere suggests many avenues for future research in African populations. Research is needed to explore whether the linkages between relationship quality and overall health observed in other parts of the globe hold true for African populations, and how relationship satisfaction and quality could be defined and measured in African contexts. A great many psychosocial scales have been developed to measure constructs of couple relationship quality, such as sexual satisfaction or couple communication. The work of validating these scales cross-culturally, much less using them to describe couple relationships and measure changes over time in African populations, has barely begun. Further qualitative research could explore the topics of this study in additional populations (such as older Swazis), examine relationship transitions and trajectories over a longer follow-up period, or interview couple dyads to compare men's and women's accounts and perceptions of their relationships.

Perhaps most critically, research is urgently needed to explore how couple relationships might be impacted by—and could potentially be addressed as part of—the biomedical HIV prevention interventions that are rolling out across Africa. Interventions such as TasP and PrEP for discordant couples may provide an unprecedented opportunity

to reach couples and provide relationship strengthening activities which are not only vital to the success of those prevention modalities, but may reap benefits in many areas of a couple's health and life together. The success of HIV prevention in Africa may depend on how willing we are to engage not only with narrowly-defined health behaviors, but also the parts of human experience that are more intimate, more complex, and infinitely more fundamental.

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APPENDICES

Appendix A: In-Depth Interview Guide, Research Aims 1 & 2

Interview Cover Sheet (to be filled out by interviewer immediately after interview)

Interview Information

Participant ID _____ Interview Number ____ Date _____	
Interviewer name	
Time of interview	
Language used	
Interview length	
City or region	
Location of interview (home, public place, etc.)	
Others present during interview	
Other notes or observations about interview	

Participant information

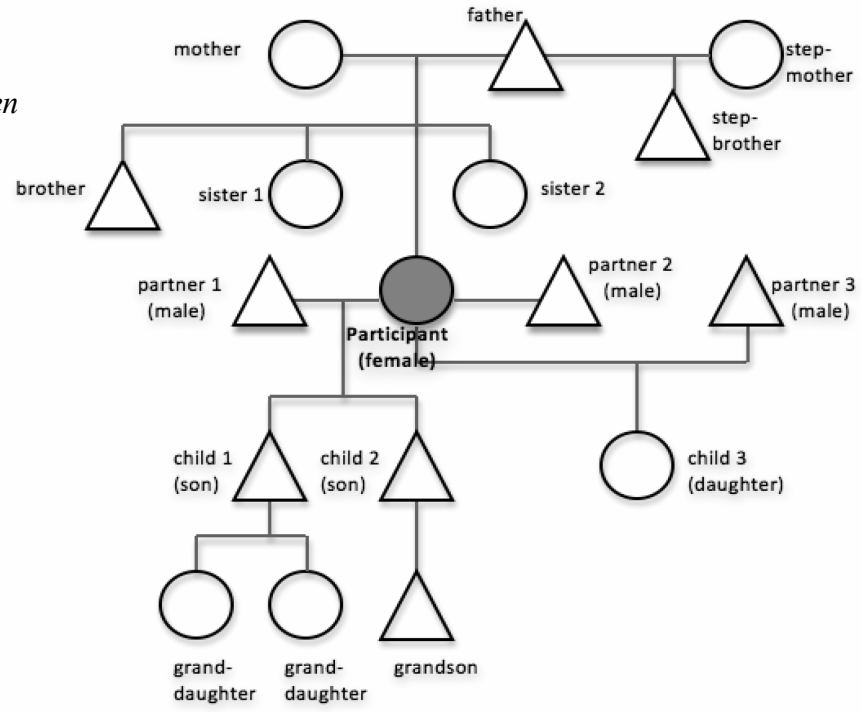
Age	
Education	
Occupation/profession	
Marital or cohabitation status	
Children (number, ages)	
Religion	

Family Tree

Preamble: I would like to understand the family you were born into, and the families you have lived in since then. I am going to draw a diagram of your "family tree" as we talk, and you can help me by correcting me if I get anything wrong.

Instructions to interviewer: An illustrative family tree is below. Each respondent's interview should include a completed family tree showing the following:

- *Research participant (shaded)*
- *Mother and father*
- *Any partners to which mother or father was married or had children by*
- *Siblings (any child of father or mother, including full and half siblings)*
- *Any sexual partners by whom the participant had children*
- *Any sexual partners to which the participant considered himself/herself married, even if the union did not produce children*
- *Children*
- *Grandchildren*



INTERVIEW 1

Demographic Data

1.1. How old are you?

1.2. What is the highest level of education you have completed?

1.3. What is your occupation or profession?

1.4. Are you married? Are you living with a partner (or with spouse if married)?

1.5. Do you have children? [If yes] Number and ages?

1.6. What religion are you? [If states religion] What church (or other place of worship) do you attend? How many times per week do you attend a religious service or an activity or meeting associated with your church/place of worship?

Interviewer: Ask Questions 1.7 if initial interview is not being held in participant's home and the living situation cannot be directly observed.

1.7. Where do you live?

- *Probe:* Urban or semi-urban area, informal settlement, etc,

1.8. Who lives in your household?

- *Probe:* Partner or spouse? Children? Others? How many people in household?

Instructions to interviewer: Draw a family tree on a blank sheet of paper as you conduct this portion of the interview. Start with the respondent at the center of the family tree and

draw circles (women) and triangles (men) connected by lines to show the following relatives. Shade in the respondent's circle or triangle.

- *Research participant (shaded)*
- *Mother and father*
- *Any partners to which mother or father was married or had children by*
- *Siblings (any child of father or mother, including full and half siblings)*
- *Any sexual partners by whom the participant had children*
- *Any sexual partners to which the participant considered himself/herself married, even if the union did not produce children*
- *Children*
- *Grandchildren*

1.9. Please start off by telling me about the home of your grandmother (*gogo*).

- *Probe:* Is this grandmother the mother of your father or mother? [if participant knew both grandmothers, ask about both in turn]
- *Probe:* Please tell me about your relationship with her.
- *Probe:* Please tell me about any impact she had on your life.
- *Probe:* Please tell me about anything you learned from her.

1.10. Please tell me about your parents.

- *Probe:* Please tell me about your relationship with them.
- *Probe:* Did you know both of them?
- *Probe:* Were they married or not?

- *Probe:* How long did you live with your mother when you were growing up?
- *Probe:* Please tell me about any impact she had on your life.
- *Probe:* Please tell me about anything you learned from her.
- *Probe:* How long did you live with your father when you were growing up?
- *Probe:* Please tell me about any impact he had on your life.
- *Probe:* Please tell me about anything you learned from him.

1.11. Please tell me about your siblings, that is, any sons or daughters that were born to your father or your mother.

- *Probe:* Did they all have the same mother and father as you did?
- *Probe:* How much did you live in the same house as your siblings when you were growing up?
- *Probe:* Were there other children who lived in the house when you were growing up?

1.12. Please tell me about anyone you were married to, or had children with.

- *Probe:* Did you live with this person, and if so, for how long?
- *Probe:* Is there anyone else you were married to or had children with?

1.13. [If has children] Please tell me about your children (ages and genders).

- *Probe:* Have you lived with these children, and if so, for how long?

1.14. [If has children] Do your children have children? If so, can you tell me about them (ages and genders)?

- *Probe:* Have you lived with these grandchildren, and if so, for how long?

INTERVIEW 2

Free-listing of types of sexual partners

Preamble: This project is interested in studying sexual partnerships: Who people form relationships with, why they form these partnerships, and how they experience these partnerships. As humans we enter into relationships in which we find ourselves engaging in sexual intercourse, and to start the interview I would like you to think of what names can be given to a man or a woman in such relationships. Please tell me all the names you can think of that can be used for a man or woman who has a sexual partnership. As an example, if I were to ask you to list all the animals you could think of you might say "cow, dog, bird," and so on. In this case I would like to ask you to tell me all the names for types of sexual partners that you can think of.

[Participant gives list of types of sexual partners]

Which of these names can be used to refer to a woman? Can you think of any other names that might be used for female sexual partners?

Which of these names can be used to refer to a man? Can you think of any other names that might be used for male sexual partners?.

Instructions to interviewer: Record the participant's responses in the order in which he or she says them. Do not suggest any words, even if the participant seems stuck, is struggling to think of a word, or doesn't have any more responses to offer.

Reviewing family tree

2.1. Let's look again at the family tree we drew in the last interview. Is there anything else you would like to add to this? Is everything accurate?

- *Probe*: Does this include all of your children?
- *Probe*: Does this include all of the people you have been married to, and all of the sexual partners with whom you had children?

Partnership History

Preamble: I am now going to ask you to tell me about the sexual relationships and partners you have had in your lifetime, or as much about these partnerships as you can remember. You do not have to use your partners' real names if you do not want to. I will keep the information you tell me private and will not share it with anyone

2.2. A few minutes ago you named some types of sexual partners. Have you ever had any of these types of sexual partners?

First relationship

2.3. Please tell me about the first relationship you ever had.

- *Probe:* How old were you?
- *Probe:* How old was the other person?
- *Probe:* Please tell me about how the relationship started or anything else you can remember.

First sexual partner

2.4. Please tell me about the first sexual partnership you ever had.

- *Probe:* How old were you when the partnership started?

2.5. Please tell me about the person you had sex with.

- *Probe*: How old was he/she? Profession/occupation? Education level?

2.6. How do you define or what words do you use to describe your partnership?

- *Probe*: Marriage, boyfriend/girlfriend, other.

2.7. How did the partnership start?

- *Probe:* How did you meet? Were you introduced by friends or family members?
- *Probe:* How did you come to start having sex with this person?
- *Probe:* Did you want to have sex with this person? Was sex consensual and did you talk about it before you started having sex? What motivated you to have sex with this person?
- *Probe*: How long did you know this person before you had sex? Were you in a romantic relationship before you had sex, and if so, for how long?

2.8. When did the partnership start and how long were you in this partnership?

- *Probe:* [especially if the participant was young when the sexual partnership started] Once you started having sex did you keep having sex with this person?

2.9. Did the relationship start and stop? If so, why?

- *Probe*: If the relationship stopped due to problems, what were those problems? Did you try to work out those problems?
- *Probe*: If you ever "broke up" but then re-united, what made you decide to re-unite with your partner?
- *Probe:* Were there ever times you or your partner wanted to end the partnership or were having problems but decided to stay together? If so, why did you decide this?

2.10. What did you expect to happen in your relationship?

- *Probe:* What were your expectations early in the relationship? Later? Did your feelings or expectations change over time?
- *Probe*: How long did you expect the partnership to last?
- *Probe*: Did you expect to have other sexual partners in addition to this partner? Did you expect your partner to have other sexual partners in addition to you?
- *Probe*: Did you expect to have children together?

2.11. Did you have any other sexual partners while you were with this partner? Do you think that this partner had any other sexual partners while he/she was with you?

2.12. Did you live together?

- *Probe* [If did *not* live together]: Why did you decide to live separately? How far away from your partner did you live? How often did you see him or her?

- *Probe* [If did live together]: Did you live together the whole time during this partnership? If not, why not?
    - *Probe:* Did you move away? Did your partner move away? What were the reasons for this move?

2.13. Did you get married?

- *Probe:* [If married] Why did you get married?
- *Probe:* [If not married] Why have you not gotten married? Did you ever consider getting married?
- *Probe:* [If says wants to marry this partner] Why do you want to get married? Are there reasons you haven't gotten married yet?
- *Probe:* Did you and your partners have different opinions or expectations about getting married?
- *Probe*: Was there anyone around you, such as in your family, who wanted you to get married, or did not want you to get married?

2.14. Did you have children with this partner?

- *Probe:* [If yes] Why did you have children?
- *Probe:* [If no] Why have you not had children? Did you ever consider having children?
- *Probe:* Has having children [or not having children] affected your relationship with this partner? If so, how?

2.15. Did your partner have children with another partner?

2.16. Did the partnership end? If so, why did the partnership end?

- *Probe:* Who wanted the partnership to end?

- *Probe:* Why did they want this partnership to end?
- *Probe:* Did you talk about ending the partnership before it ended?

Subsequent partners

2.17. Please tell me about other sexual partners you have had since then.

Instructions to interviewer: Let the participant guide the discussion. If the information covered by Q2.5-2.16 is not addressed by the participant, use Q2.5-2.16 to probe so that as complete information as possible is collected about each sexual partner. Please also try to establish the timing of various partners, either by asking how old the participant was during a certain partnership, what year a partnership started or stopped in, whether a certain partner came before or after another partner, etc. You may draw a "timeline" as the interview progresses to verify the start and stop dates (or age of participant) for different partnerships, and to what degree they overlapped.

Current sexual partner(s)

Instructions to interviewer: If the participant has not already talked about his or her current sexual partner, continue with the questions below. Make sure to ask Q2.19 & Q2.20 about whether the participant currently has more than one sexual partner.

2.18. Do you currently have a sexual partner? [if no, skip next question]

2.19. Do you currently have more than one sexual partner?

- *Probe:* [If yes] How many sexual partners do you have currently?

2.20. Is there anyone that you have had sex with in the past and expect to have sex with at some time in the future?

- *Probe:* [If yes] Why do you expect to have sex with this person again?

2.21. Please tell me about your current sexual partner(s).

- *Probe*: Use Q2.5-2.16 to probe and get complete information about current sexual partner(s).

Multiple and concurrent sexual partnerships

[If interviewer suspects that participant has not discussed all sexual partners over lifetime, or if participant has said that he/she has had other sexual partners that he/she has not discussed, ask the following question.]

2.22. How many sexual partners do you estimate you have had in your lifetime?

[The participant may have already discussed having had concurrent partners, or that his/her partner had concurrent partners. If the following questions have not already been answered, ask them specifically.]

2.23. Have you ever had sexual partnerships that have overlapped in time?

- *Probe:* If yes, how long did these partnerships overlap? [ask about specific partnerships if there has been more than one period of "overlap"]
- *Probe:* What caused you to start the second partnership while you were still in the first partnership?
- *Probe:* Did your partners know that you had another sexual partner at the same time?

2.24. Has one of your sexual partners ever had another sexual partner at the same time that he/she was in a partnership with you?

- *Probe:* If yes, how long did your partner carry on this other partnership? [ask about specific partnerships if there has been more than one concurrent partnership]
- *Probe:* What do you think caused your partner to have more than one sexual partner at a time?
- *Probe:* When did you find out that your partner had another partner at the same time?
- *Probe:* How did you feel about your partner having another partner at the same time? Did you ever discuss it with him/her?

Alcohol use

[Ask if this topic has not already been discussed in the course of the interiew.]

2.25. Has alcohol use by you or a partner ever affected your relationship? If so, how?

- *Probe:* Do you and your partner both consume alcohol?
- *Probe:* If alcohol has caused problems in your relationship, how often would you say that this happens?

Condom use

[Use probes to get answers about condom use in specific relationships.]

2.26. Have you ever used condoms in a relationship?

- *Probe:* [if yes] Did you use a condom every time you had sex? Did you ever not use a condom with that partner? What were your reasons for using condoms?

- *Probe:* [if no] What were your reasons for not using condoms? Did you ever discuss using condoms with your partner?
- *Probe:* Did you ever want to use a condom when your partner did not want to use a condom? Did you ever have a partner who wanted to use a condom when you did not want to use a condom?

INTERVIEW 3

[Note: additional interviews will be held as necessary until all topics and activities in the interview guide have been covered]

Preamble: I would now like to talk to you about relationships more generally, and what in your opinion makes a good or bad sexual relationship. Remember that there are no right or wrong answers, and I am just interested in hearing your opinions and experiences.

Relationship Satisfaction

3.1. What things make a good relationship?

- *Probe:* How should a man treat a woman?
- *Probe:* How should a woman treat a man?

3.2. What things make you want to stay with a partner?

- *Probe:* What things about a relationship make you want to stay with a partner? (if respondent does not mention relationship characteristics)

3.3. Is it important to you that you and your partner don't have other sexual partners at the same time?

- *Probe:* [If yes] What things make you want to have a relationship with a partner in which you don't have any other sexual partners?
- *Probe:* [If no] Why is this not important to you?

3.4. A few minutes ago you told me some of the things that in your opinion make a good relationship. Do you feel you have had these things in the relationships you have had in the past, or in the relationship(s) you have now?

- *Probe:* Ask about specific characteristics mentioned in previous questions, i.e. "Do you feel that you have X in your relationship?" or "Is X true about your relationship?"
- *Probe*: What is the best part of your current or past relationships? What is the most challenging part of your current or past relationships?
- *Probe:* Have your relationships been different than your ideal relationship and if so, how?

3.5. Do you feel that most people in your community have these qualities that you have mentioned in their relationships?

- *Probe:* Which qualities do people have or not have in their relationships?
- *Probe:* Why do you think this is?

3.6. Where did you get your ideas about what makes a good relationship?

- *Probe:* Family, friends, media/TV, church or religious community, role models (e.g. other couples in community)

3.7. Are there examples of bad relationships in your life, and if so, how do these bad examples affect you?

- *Probe:* Family, friends, church or religious community, negative role models (e.g. other couples in community)

[Ask the following questions about the participant's current relationship, if he/she is in a current relationship, or if not ask them to think about a past relationship that was significant and talk about that relationship]

3.8. How satisfied do you feel with your current relationship?

3.9. Do you think being in this relationship improves your life? If yes, how?

3.10. If you could change one thing about your relationship, what would it be?

3.11. Think about the last time you felt loved, appreciated, or respected by your partner. Please tell me what happened.

- *Probe*: How did your partner communicate this to you? How did you feel as a result?
- *Probe:* Is this typical for your partnership? How often does your partner do something like this?
- *Probe:* Do you usually feel loved, appreciated, and respected by your partner?

3.12. Think about the last time you showed love, appreciation, or respect for your partner. Please tell me what happened.

- *Probe*: How did you communicate with your partner? How did your partner feel as a result?

- *Probe:* Is this typical for your partnership? How often do you do something like this?
- *Probe:* Do you think your partner usually feels loved, appreciated, and respected by you?

[Ask these questions only if participant is currently in a relationship.]

3.13. Has your relationship changed since the beginning and if so, how?

- *Probe:* Are there any events which caused it to change?
- *Probe:* Has it gotten better or worse over time, stayed the same, or gone up and down? Why?

3.14. Think about the last time you had a fight or argument with your primary partner. Please tell me what happened.

- *Probe:* What caused the conflict?
- *Probe:* How did you communicate about the conflict?
- *Probe:* How was the conflict resolved?
- *Probe:* Is this conflict, the way you communicated, and the way it was resolved typical for your partnership?

3.15. What, if anything, do you think that you could do to make your relationship better?

3.16. What, if anything, do you think that your partner could do to make your relationship better?

3.17. Would you be interested in talking to someone trained to provide support to couples, such as a trained counselor, if you had the opportunity?

Ranking Exercise

Preamble: On these cards are a number of relationship characteristics. These are things that Swazi men and women have told me and my fellow researchers are important to them in their relationships. To begin, could you please read each card and briefly explain to me what the relationship characteristic is?

Instructions to interviewer: The purpose of this first step is to make sure the research participant can read and understands each term. If the participant seems confused or unsure of 1 or 2 terms, or has difficulty reading the term, read the term out loud and offer a brief explanation. If it is apparent that the participant is struggling to read the cards or cannot read, use the protocol for a non-literate participant.

Preamble (Literate participant): I would like you to arrange these cards according to how important you think each characteristic is to a good relationship, with the most important characteristic on top and the least important characteristic on the bottom. There is no right or wrong answer. I would just like to know what you think. Please begin to arrange them now, with the most important characteristic to a good relationship on top.

[Research participant arranges cards]

Preamble (Non-literate participant): Please help me arrange these cards according to how important you think each characteristic is to a good relationship, with the most important characteristic on top and the least important characteristic on the bottom. I am going to ask you about the characteristics two at a time, and for each pair, please tell me

which one is more important to a good relationship. There is no right or wrong answer. I would just like to know what you think. Let's begin.

Instructions to interviewer: Ask the participant about the characteristics two at a time, and continue to build the list until the participant is satisfied with the order. Mark sure to read through the whole list at the end and ask the participant if he or she thinks that everything is in the right order.

Questions

3.18. Why did you arrange the cards in this way?

3.19. Why did you rank [top 3 characteristics] as the most important?

3.20. Why did you rank [bottom 3 characteristics] as the least important?

Final Question

3.21. Is there anything else you would like the researchers with this study to know about the topic of HIV and sexual relationships in Swaziland?

Appendix B: In-Depth Interview Guides, Research Aim 3

IDI with Marriage Counselor trainer or Acts of Faith staff

Preamble: I would like to start by asking you some questions about Marriage Counselors who are trained through the work of your organization or church, about who they are and how they got into this work.

Profile of Marriage Counselors

4.1. Describe Marriage Counselors according to: gender (how many men vs. women), level of education, other demographic factors.

4.2. How many Marriage Counselors are there and how are they distributed throughout the country? How are Marriage Counselors chosen, trained, and supported? Who recognizes them?

4.3. Is their work paid or voluntary, and why are they motivated to do what they do?

4.4. How did Marriage Counselors get into their work?

4.5. Are most Marriage Counselors active? How common is it for Marriage Counselors to become inactive, or quit being Marriage Counselors?

What is the role of Marriage Counselors?

Preamble: I would now like to ask some questions about how you see the role of Marriage Counselors and how the community sees them.

4.6. What are the key roles of Marriage Counselors currently?

4.7. How do people in the community understand Marriage Counselors' role and what role do community members want them to have?

4.8. In what specific situations do Marriage Counselors offer information, help, and support to couples? Can you give me any specific examples?

- *Probe:* HIV infection in the marriage or family, discordancy, relationship difficulties or separation, new marriages, violence or abuse, substance abuse, and geographical separation

4.9. Are there any specific events in the community in which Marriage Counselors play a key role? Can you give me any specific examples?

- *Probe:* cultural festivals, marriages, funerals, births

4.10. In your mind, what is the goal of Marriage Counselor's work? What behaviors or decisions would you like to see people make after their contact with a Marriage Counselor?

4.11. What is your involvement with religious or traditional structures? Is this involvement connected to your work as a Marriage Counselor?

- *Probe:* Are they part of a church, hold a specific position within a church, or hold a position as a traditional leader? Do they see their roles as deriving from any other type of identity or authority (i.e. from within religious or traditional structures)? Is there any tension between the roles the Marriage Counselors fill?

Broader context and potential areas for expansion of Marriage Counselor work

Preamble: Now I would like to ask you some questions about HIV in Swaziland more generally.

4.12. What do you see as being the key issues and challenges when it comes to HIV in Swaziland?

4.13. What things do you think would be effective for responding to HIV in Swaziland? Do you think Marriage Counselors have a role in promoting or carrying out these things, and if so, how?

- *Probe:* Ask about prevention specifically if not mentioned.

4.14. Do you see HIV transmission as being linked to patterns of marriage and sexual partnerships in Swaziland? If so, how?

4.15. Do you think marriage customs or practices have changed in Swaziland during your lifetime and if so, how?

- *Probe*: Are fewer people getting married, are people waiting longer to get married or choosing not to get married, are traditional practices and customs changing?

4.16. What interventions do you think would be effective in addressing issues related to marriage and sexual partnerships? Do they think Marriage Counselors have a role in carrying out these interventions, and if so, how?

- *Probe:* interventions at policy, community, and individual level

4.17. What do you think about male circumcision and do you discuss it with people in your role as Marriage Counselor, as an HIV prevention strategy.

IDI with Marriage Counselor

How are Marriage Counselors trained?

Preamble: I would like to start by asking some questions about how you became a Marriage Counselor.

4.18. How did you find out about becoming a Marriage Counselor and decide to become one?

4.19. When (what year) did you go through training to become a Marriage Counselor?

4.20. Can you tell me about this training?

a. *Probe:* Who performed this training (what organization, pastor, etc.)? How long did the training take? Who else was trained with you?

4.21. Can you tell me about the curriculum that was used (books, manuals, etc.)? What is your opinion on these materials?

a. *Probe:* Do you think these materials were sufficient?

4.22. Do you feel the training you have received is sufficient? If it was not sufficient, how could this training be better?

a. *Probe:* Have you received training on HIV? Do you feel this training is sufficient?

4.23. Do you have any *ongoing* training or support as a Marriage Counselor? How do you feel about receiving ongoing training and support?

How do Marriage Counselors work?

Preamble: I am now going to ask you some questions about how you do your work as a Marriage Counselor.

4.24. How would you describe your key role (or roles) as a Marriage Counselor?

4.25. In what year did you first start your work as a Marriage Counselor? Have you ever taken a break from marriage counseling? How many couples do you estimate you have counseled since you first became a Marriage Counselor?

4.26. In your work as a Marriage Counselor, how do you initiate contact with people?

a. *Probe:* Do couples seek you out or do you seek them out? How do people know that you are a Marriage Counselor?

4.27. Can you describe the types of meetings you have with people as a Marriage Counselor?

- *Probe:* Interact with people individually, at a family level, or in a larger group? In one-time contacts or in regular, repeated contacts? Do community members initiate the contacts or do Marriage Counselors initiate? Do Marriage Counselors typically counsel people of the same gender? Do they work in pairs or teams, or individually?

a. *Probe:* Do you mostly do pre-marital counseling, or do you also counsel couples who have been married for some time or who have been living together for some time but not married?

b. *Probe:* How many times do you typically counsel a certain couple? How long is each counseling session? Over how many months does counseling take place?

c. *Probe:* How many couples are you currently counseling?

4.28. In what specific situations do you offer information, help, and support to couples? Can you give me any specific examples from your work? You can share stories

about individuals or couples you have counseled, but please do not use their names.

- *Probe "types of couples":* last couple seen, most memorable couple, most or least hopeful couple, etc.
- *Probe specific situations:* new marriage, divorce/separation, reconciliation after separation, HIV infection in the marriage or family, discordancy, relationship difficulties or separation, violence or abuse, substance or alcohol abuse, and geographical separation

4.29. Are the married couples you counsel usually married through traditional or civil marriage?

4.30. Are there any specific events in the community in which you play a role as a Marriage Counselor? Can you give me any specific examples?

- *Probe:* cultural festivals, marriages, funerals, births

4.31. What is your involvement with religious or traditional structures? As an example, do you hold a position in your church, or participate in traditional meetings such as a chief's council? Is this involvement connected to your work as a Marriage Counselor?

- *Probe:* Are they part of a church, hold a specific position within a church, or hold a position as a traditional leader? Do they see their roles as deriving from any other type of identity or authority (i.e. from within religious or traditional structures)? Is there any tension between the roles the Marriage Counselors fill?

4.32. How do you think the community perceives you as a Marriage Counselor? Do people in the community know about your work as a Marriage Counselor?

   a. *Probe:* People in your neighborhood, church or other people around you

4.33. Are you involved in training other Marriage Counselors or people in the community? Can you give me any specific examples?

   a. *Probe:* If participant is involved in training, ask what participant's role is, if the participant is paid for that work, and if there is a cost for the people being trained.

   b. *Probe:* If participant has trained other Marriage Counselors, ask if the participant follows up with them to support or supervise their work.

4.34. Do you see any impact of your work, and if so what? Can you give me any specific examples?

4.35. In your mind, what is the goal of the work you do as a Marriage Counselor? What behaviors or decisions would you like to see people make after their contact with you?

4.36. What challenges do you experience in your work as a Marriage Counselor? What do you think would help you to better meet these challenges?

4.37. Do you see any gaps in your work? In other words, are there any situations that you wish you could address in your work but are not able to?

4.38. Do you ever deal with issues related to traditional culture? If so, can you provide any specific examples?

4.39. Do you find yourself working with families, in other words, talking to other people in the family besides the couple about issues related to the couple. If so, can you provide any specific examples?

4.40. (Ask this question particularly if no specific client scenarios have been introduced during interview): Can you tell me a recent story of a person or couple that you talked to as a Marriage Counselor, tell me about their situation, and tell me about how you responded to them. DO NOT tell me their name(s) or any other facts that would allow me to know who they are.

Broader context and potential areas for expansion of Marriage Counselor work

Preamble: Now I would like to ask you some questions about HIV in Swaziland more generally.

4.41. What do you see as being the key issues and challenges when it comes to HIV in Swaziland?

4.42. What things do you think would be effective for responding to HIV in Swaziland? Do you think Marriage Counselors have a role in promoting or carrying out these things, and if so, how?

- *Probe:* Ask about prevention specifically if not mentioned.

4.43. In your opinion, is HIV being spread by how people behave in marriage or in other sexual relationships? If so, how?

4.44. Do you think marriage customs or practices have changed in Swaziland during your lifetime and if so, how?

- *Probe:* What do you see in your church, neighborhood, town, or more broadly in Swaziland?
- *Probe*: Are fewer people getting married, are people waiting longer to get married or choosing not to get married, are traditional practices and customs changing?

4.45. What do you think about male circumcision and do you discuss it with people in your role as Marriage Counselor, as an HIV prevention strategy?

IDI with Marriage Counselor Beneficiary

Preamble: I would like to ask you some questions about your experience with Marriage Counselor(s).

4.46. How did you first come to meet with a Marriage Counselor?

- *Probe:* How did you find out about Marriage Counselor(s)?
- *Probe:* Did you initiate the meeting or did someone else (such as a partner) initiate the meeting?

4.47. How many times have you met with a Marriage Counselor? Has it been the same Marriage Counselor(s) or different Marriage Counselor(s)?

4.48. Please describe to me a typical meeting with Marriage Counselor(s). Where do you meet, who is there, how long does the meeting last?

- *Probe*: At home, at a church, other.

4.49. What do you talk about at the meeting?

4.50. In what specific situations do Marriage Counselor(s) offer you information, help, and support?

- *Probe:* HIV infection in the marriage or family, discordancy, relationship difficulties or separation, new marriages, violence or abuse, substance abuse, and geographical separation

4.51. Do you think meeting with Marriage Counselor(s) has helped you? If so, how?

4.52. Do you plan to keep meeting with Marriage Counselor(s)? If so, for how long? What do you expect to receive from the Marriage Counselor(s) in the future?

4.53. Has there ever been a time when you have been unhappy with a Marriage Counselor, such as because of something he/she said, or some other reason? If so, can you tell me about it?

4.54. Have you ever suggested to one of your friends or family members that they should meet with a Marriage Counselor? If so, can you tell me about that?

4.55. In your mind, what is the goal of your contact with a Marriage Counselor? Are there any behaviors you would like to change or decisions you would like to make after your contact with a Marriage Counselor?

Appendix C: Focus Group Discussion Guide

Preamble: I am going to ask the group some questions about relationships and what makes a good relationship. Please remember that you do not have to answer any questions with which you feel uncomfortable. Please be respectful of other people and their opinions. There are no right or wrong answers. Please also remember that everything that is said is confidential, and do not discuss what is said in this discussion with other people who were not here today.

Relationship Satisfaction

5.1. What things make a good relationship?

- *Probe:* How should a man treat a woman?
- *Probe:* How should a woman treat a man?

5.2. What things make a man want to stay with a partner?

- *Probe:* What things about a relationship make a man want to stay with a partner? (if respondents do not mention relationship characteristics)
- *Probe:* How do you know whether a man is in a relationship because he wants sex, or because he loves the woman?

5.3. What things make a woman want to stay with a partner?

- *Probe:* What things about a relationship make a woman want to stay with a partner? (if respondent does not mention relationship characteristics)

- *Probe:* How do you know whether a woman is in a relationship because she wants gifts or money, or because she loves the man? What does it mean when a man gives a woman gifts or money?

5.4. What things make a man want to have an exclusive relationship with a partner? (i.e. he doesn't have any other sexual partners)

- *Probe:* What things <u>about that relationship</u> make a man want to have an exclusive relationship with a partner? (if respondents do not mention relationship characteristics)

5.5. What things make a woman want to have an exclusive relationship with a partner? (i.e. he doesn't have any other sexual partners)

- *Probe:* What things <u>about that relationship</u> make a woman want to have an exclusive relationship with a partner? (if respondent does not mention relationship characteristics)

5.6. What causes fights or arguments in a relationship?

5.7. What causes people to break up or end a relationship?

- *Probe:* After two people break up, are there bad feelings between them? Do they usually still talk to each other or do they avoid each other?

5.8. Should a woman stay with a man who is unfaithful?

5.9. Should a man stay with a woman who is unfaithful?

5.10. Do most people you know *want* to get married? Why or why not?

- *Probe:* Do most people you know get married? Why or why don't people get married?

5.11. What, if anything, do you think that people you know could do to make their relationships better?

Ask if time:

5.12. What makes men feel loved, appreciated, or respected by their partners?

5.13. What makes women feel loved, appreciated, or respected by their partners?

5.14. Do most people in your community have these qualities that you have mentioned in their relationships? (or if not currently in a primary relationship, "your last primary relationship"/marriage/etc.)

- *Probe:* Ask about specific characteristics mentioned in previous questions, i.e. "Do you feel that people have X in their relationships?"
- *Probe*: What is the best part of their relationships? What is the most challenging part of their relationships?
- *Probe:* How are people's actual relationships different than their ideal relationships?

5.15. How satisfied do you think people in your community feel with their relationships?

5.16. Where did people get their ideas about what makes a good relationship?

- *Probe:* Family, friends, media/TV, church or religious community, role models (e.g. other couples in community)

5.17. Do people see examples of bad relationships, and do these bad examples affect them?

- *Probe:* Family, friends, church or religious community, negative role models (e.g. other couples in community)

Appendix D: Curriculum Vitae

ALLISON HERLING RUARK

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permanent address: 1135 NW Fernwood Circle, Corvallis, OR 97330, USA
email: AHRuark@gmail.com

DATE AND PLACE OF BIRTH

August 19, 1978 – Portland, Oregon, USA

EDUCATION

Nov. 2014	Ph.D., Johns Hopkins Bloomberg School of Public Health, Baltimore, MD Social and Behavioral Interventions, Department of International Health *Dissertation*: "Couple Partnership Dynamics and Relationship Satisfaction in Swaziland and Implications for HIV Prevention"
Sept. 2004	M.S., Public Health, Oregon State University, Corvallis, OR *Concentration:* Community Health *Minor:* Anthropology *Thesis:* "Pursuing 'Bright Futures': Attitudes and Values of Ugandan Adolescents toward Abstinence and Delayed Sexual Debut"
June 2001	B.A., History and Political Science, Williams College, Williamstown, MA *Concentrations:* African and Middle Eastern Studies, Pre-Medical Studies

PUBLICATIONS

Book

Edward C. Green and Allison Herling Ruark. 2011 *AIDS, Behavior, and Culture: Understanding Evidence-Based Prevention.* Walnut Creek, CA: Left Coast Press.

Peer-reviewed journal articles

Ruark A, Dlamini L, Mazibuko N, Green EC, Kennedy C, Nunn A, Flanigan T, Surkan PJ. Love, lust, and the emotional context of concurrent sexual partnerships among young Swazi adults. *African Journal of AIDS Research* 2014; 13(2): 133-143.

Hearst N, Ruark A, Hudes ES, Goldsmith J, Green EC. Demographic and Health Surveys indicate limited impact of condoms and HIV testing in four African countries. *African Journal of AIDS Research* 2013; 12(1): 9-15.

Green EC, Kajubi P, Ruark A, Kamya S, D'Errico NC, Hearst N. The need to reemphasize behavior change for HIV prevention in Uganda: a qualitative study. *Studies in Family Planning* 2013; 44(1): 25-43.

Kajubi P, Green EC, Hudes ES, Kamya MR, Ruark AH, Hearst N. Multiple sexual partnerships among poor urban dwellers in Kampala, Uganda. *Journal of Acquired Immune Deficiency Syndromes* 2011; 57(2): 153-6.

Ruark AH, Shelton JS, Halperin DT. Acyclovir and Transmission of HIV-1 from Persons Infected with HIV-1 and HSV-2 [Correspondence]. *New England Journal of Medicine* 2010; 362(18): 1741.

Green EC, Dlamini C, D'Errico NC, Ruark A, Duby Z. Mobilising indigenous resources for anthropologically designed HIV-prevention and behavior change interventions in southern Africa. *African Journal of AIDS Research* 2009; 8(4): 389–400.

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Ruark A, Shelton J, Halperin DT, Wawer M, Gray R. Universal voluntary HIV testing and immediate antiretroviral therapy [Correspondence]. *The Lancet* 2009; 373(9669): 1078.

Technical reports and guidance

Fraser N, Ruark AH, Görgens M, James V, Milanzi A, Colvin M, Ibbetson H, Mpofu N, Nzima M. *Zimbabwe Analysis of HIV Epidemic, Response and Modes of Transmission*. Zimbabwe National AIDS Council, Zimbabwe Ministry of Health and Child Welfare, The World Bank, and UNAIDS, June 2010.

Ruark AH, Nzima M, Görgens M, Ghys P, Mahy M, Kasedde S, Jackson H, Wilson D. *Monitoring & Evaluation for MCP Programmes: Guidance for National AIDS Commissions, HIV monitoring and evaluation officials, and HIV implementing organisations on the monitoring and evaluation of programmes addressing multiple and concurrent sexual partnerships (MCP) in Eastern and Southern Africa*. UNAIDS and The World Bank Global HIV/AIDS Program, July 2009.

Other publications

Green EC, Ruark A. AIDS in South Africa. *National Review Online*, 29 August 2014.

Green E, Ruark AH, Hearst N. Where Is the Support for Low-cost, Highly Effective Solutions? *National Review Online*, 9 June 2011.

Ruark AH, Halperin D. Review of *Unimagined Communities: Sex, Networks, and AIDS in Uganda and South Africa. Wilson Quarterly,* Winter 2009.

Green EC, Ruark AH. AIDS and the churches: Getting the story right. *First Things,* April 2008.

Ruark AH. 2007. Safer sexual behavior helps beat the virus. *European Voice,* 29 Nov 2007.

Green EC, Herling A. 2006. *The ABC Approach to Preventing the Sexual Transmission of HIV: Common Questions and Answers*. McLean, VA: Christian Connections for International Health.

Herling A, Martin R. Faith-based organizations are getting all the money: Reality or rumor. 2005. *Global AIDSLink*; 94: 17.

Selected presentations

Ruark AH, Mazibuko N, Dlamini L. Understanding the Emotional Drivers and Context of Concurrency among Young Swazi Adults. Poster presentation, National Health Research Conference, Ezulwini, Swaziland, 16 October 2014.

Ruark AH, Mazibuko N, Dlamini L. Pre- and Post-marriage Counseling as a Tool to Build Gender-Equitable and Sexually Faithful Relationships. Poster presentation, National Health Research Conference, Ezulwini, Swaziland, 15 October 2014.

Ruark AH. Couple Partnership Dynamics and Relationship Satisfaction in Swaziland and Implications for HIV Prevention. Oral presentation, Structural Drivers of HIV Conference, Cape Town, South Africa, 5 December 2013.

Ruark AH. Marriage Not Associated With Increased Risk Of HIV Infection Among Young Swazi Women. Poster presentation, South African AIDS Conference, Durban, South Africa, 18-21 June 2013.

Hearst N, Ruark AH, Fraser N. HIV prevention in Africa's generalized epidemics: A Review of HIV/AIDS prevention in the national strategic planning process in sub-Saharan Africa. Presentation at World Bank-sponsored satellite session, XIX International AIDS Conference, 24 July 2012.

Ruark AH. Epidemiological perspectives on marriage and family. Plenary presentation at Pan African Christian AIDS Network (PACANet) Consultation on Multiple and Concurrent Partnerships, Ezulwini, Swaziland, 27-29 April 2011.

Ruark AH, Hudes ES, Goldsmith J, Hearst N, Green EC. Consistent and inconsistent condom usage and HIV risk in Africa: New evidence from Demographic and Health Surveys. Poster presentation, XVIII International AIDS Conference, 20 July 2010.

Ruark AH. A qualitative analysis of the sexual behavior and HIV risk of older Ugandans. Poster presentation, XVII International AIDS Conference, 5 Aug 2008.

Ruark AH. Research perspectives: HIV risk and marriage in Africa. Oral presentation, Global Health Council Annual Conference, 28 May 2008.

Herling A. Trends in sexual behavior among African youth. Panel presentation, Society for Applied Anthropology Annual Meeting, 29 Mar 2007.

PROFESSIONAL EXPERIENCE

2009-2012 Short Term Consultant, the Global HIV/AIDS Program (GHAP)
The World Bank, Washington, DC

- Developed guidance to be used by countries in establishing indicators, and baselines on multiple and concurrent partnerships (MCP) for use in national monitoring & evaluation systems and HIV strategic plans
- "Know Your Epidemic/Know Your Response (KYE/KYR) Analysis" of South Africa's HIV prevention response: conducted literature review, supervised research assistant, defined data needs and designed KYR data collection process, drafted KYR chapter
- "Know Your Epidemic/Know Your Response (KYE/KYR) Analysis" of Nigeria's HIV prevention response: conducted literature review, supervised research assistant, collaborated with National Agency for the Control of AIDS and national researchers
- Drafted regional (East and Southern Africa) summary of 6 country KYE-KYR reports (joint UNAIDS/World Bank project)

2006-2010 Research Fellow, Harvard AIDS Prevention Research Project
Harvard Center for Population & Development Studies, Cambridge, MA

- Conducted research of behavior-based approaches to HIV prevention and prepared research for publication in peer-reviewed journals and other print publications, in co-authored book, and for presentation at conferences and research symposia
- Performed high-level administrative tasks, including strategic planning, budgeting, communications (including quarterly newsletter), website design and maintenance, and conference planning

2005-2006 HIV/AIDS Program Coordinator
Medical Services Corporation International, Arlington, VA

- Provided technical assistance and supervision to USAID-funded HIV prevention, testing, treatment, and care program operating in Haiti, Malawi, and Mozambique
- Made field visits to support, train, and evaluate partners and programs at local level
- Developed monitoring and evaluation protocol for program
- Assisted field staffing in developing workplans and in fulfilling reporting requirements, and submitted workplans and reports to USAID
- Researched and co-authored monograph on behavior-based HIV prevention for field staff and others working in HIV prevention

2005 Program Assistant Manager
Catholic Relief Services, Baltimore, MD

- Assisted Senior Program Manager in implementation of USAID-

funded Orphans and Vulnerable Children (OVC) grant
- Assisted in organization of and participated in CRS OVC Annual Meeting, identified best practices and technical resources for OVC support, and developed set of key resources for field staff
- Provided technical assistance in development of monitoring and evaluation protocol, and assisted field staff in reporting and monitoring of programs
- Assisted field staff with grant proposals and conference abstracts

HONORS AND AWARDS

2013	Research Grant, New Paradigm Fund, Washington, DC ($5,000)
2011-2014	T32 Training Fellowship (Grant Number T32DA13911), Miriam Hospital, Providence, RI (P.I. Dr. Timothy Flanigan) (total support $85,000)
2011-2014	Harvey Fellowship, Mustard Seed Foundation, Arlington, VA ($40,000)
2010-2014	Departmental Scholarship, International Health Department, Johns Hopkins Bloomberg School of Public Health (total support $231,600)

PROFESSIONAL ACTIVITIES & SKILLS

Reviewer for *American Sociological Review*; *Culture, Health, & Sexuality*; *Journal of Adolescent Health*; *Journal of Health Communication*; and *Studies in Family Planning.*

Member of International AIDS Society and National Council on Family Research.

Research, work, and volunteer experience in Haiti, Jamaica, Kenya, Malawi, Mozambique, Swaziland (two years), Uganda, and Zimbabwe. Travel to over 60 countries, including twelve years living in Saudi Arabia.

Proficient in MS Word, Excel, Powerpoint, STATA, NVivo, Atlas/ti, and Anthropac.